

CORNWALL COUNTY COUNCIL

**ANNUAL REPORT
OF THE
COUNTY MEDICAL OFFICER
OF HEALTH**

1953

R. N. CURNOW, M.B., B.S., D.P.H.

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HEALTH COMMITTEE

(as constituted at 31st December, 1953).

Chairman:

Mrs. M. F. WILLIAMS

Vice-Chairman:

W. S. RASHLEIGH

Members:

Mrs. H. C. C. ASHER	E. G. LILLEY
Mrs. A. M. BLACKWOOD	W. E. MILLER
Lt.-Col. Sir EDWARD BOLITHO, K.B.E., C.B., D.S.O.	N. H. R. NORMINGTON
Major C. A. E. CHUDLEIGH	W. G. OLD
J. DANIEL	A. T. OPIE
C. M. DENNIS	J. C. PENBERTHY
T. B. EDDY	W. J. T. PETERS
F. EDE	J. READ
J. H. HAWKEN	A. J. ROBERTS
H. B. LAITY	G. T. RUSSELL
Mrs. P. LANYON	P. M. WILLIAMS
	Mrs. D. M. WILLS

Representatives of Area Sub-Committees:

Area I	G. SIDDONS	Area IV	H. C. ROWSE
Area II	W. HART	Area V	A. J. CHAPMAN
Area III	Dr. E. H. EASTCOTT	Area VI	J. SETCHELL
		Area VII	D. B. PEACOCK

Co-Opted Members:

Miss MARGARET E. SMITH	... Cornwall County Nursing Association
Dr. J. P. B. ARTHUR	... British Red Cross Society
Dr. W. L. STEWART	... St. John Ambulance Brigade
Dr. W. LESLIE	... Local Medical Committee
Miss J. A. FOSTER	... Mental Health

Ex Officio:

- The Chairman of the County Council.
- The Vice-Chairman of the County Council.
- The Chairman of the Finance Committee.

The work of the Health Committee is largely done through the following Sub-Committees:—

Accounts Sub-Committee

Ambulance Sub-Committee

Dental Sub-Committee

Finance and General Sub-Committee

Maternity and Child Welfare Sub-Committee

Mental Health Sub-Committee

Welfare Sub-Committee

Welfare House Sub-Committees

and

7 Health Area Sub-Committees

To the Chairman and Members of the Cornwall County Council.

Ladies and Gentlemen,

I have the honour to present the Annual Report on the Health of the County of Cornwall during the year 1953.

The vital statistics published in the body of the Report show that the health of the County continued to be satisfactory. The Infant Mortality Rate which is a sensitive index of the general health of the community reached a record low level.

I would draw special attention to the section on tuberculosis contributed by Dr. Hargreaves. We have been waging an intensive campaign against tuberculosis for the last few years, and it has been difficult to demonstrate statistically the success or otherwise of our efforts. The number of deaths from tuberculosis in Cornwall fell to a record low level, this figure having been halved in the last 6 years, and reduced to about one-third of what it was 11 years ago. However, it would not be wise to assume that this striking fall in the death rate from tuberculosis reflects any diminution in the amount of disease in the community. The fall in the death rate is almost entirely due to improved modern methods of treatment, both surgical and medical. The number of notifications of cases of tuberculosis continues to rise, but this does not necessarily imply that there are more cases of tuberculosis in Cornwall. Any intensive drive against a disease focuses attention upon it, and the better prospects of treatment would naturally lead to a better proportion of cases notified. Last year we had the first hint of success in our campaign when I was able to report that there was little demand for beds in the Children's Ward at Tehidy Hospital. This year we have had another encouraging hint, but I must emphasise that it is no more than a hint. It is possible by doing a simple skin test to find out whether a child has yet come up against the infection of tuberculosis. The test is similar in many ways to the tuberculin test done on cattle. Almost all adults are reactors, but the proportion of children who are reactors gives some indication of the amount of tuberculosis in the community. In the years 1949 to 1950 the Medical Research Council did a survey of children in selected parts of the country and found that amongst 13-year old children, those in south urban areas showed 32% as being reactors, in north urban areas 42%, in rural areas 48%, and in Devon which was one of the rural areas tested, 41%. Last year 1,712 Cornish school children were tested in Health Areas 1 and 3, and 29% were found to be reactors. The figures are not strictly comparable because the years are different, and there may well have been a fall in the reactor rate in other parts of the country. The death rate from tuberculosis in Cornwall has been running slightly below the rest of the country for a good many years, so that it is reasonable to suppose that the amount of tuberculosis in Cornwall has been similar to that elsewhere. There is therefore a hint that the small number of 13-year old children in Cornwall who are reactors implies that the amount of tuberculosis in the

Cornish community has diminished. At the time of writing this Report, I can say that the survey of 13-year old children carried out in the year 1954 looks as if it will show a further substantial fall in the reactor rate. The fall may be partly explained by the spread of pasteurising processes in the County during the last few years, and the supply of safe milk to the vast majority of children in school; but the fall seems to be too great to be explained away entirely by this one event.

I also draw special attention to the section on Health Education. In the early days of the Health Services it was possible to do an immense amount of good to large numbers of persons without their being aware of it, and without first having to ask the consent of each individual citizen. Pure water supplies, adequate sewage disposal systems, and good housing could be provided by Local Authorities once the members of the appropriate Councils had been convinced of the need. The population at large benefitted as a result of the decisions of a small number of persons. Nowadays, the success of the personal Health Services depends upon the education of individual men, women and children throughout the County. If we eat too much, drink too much, and smoke too much, no amount of Local Authority decisions will protect us from our folly. If we leave unguarded fires and other dangers unprotected in the home, no number of resolutions passed by a Local Authority will protect the children from injury. If parents do not see the need to have their children immunised, there is no power on earth to avert the return of widespread epidemics. Health education therefore becomes a matter of supreme importance in the modern Health Services, and I draw attention to the description of the extensive Health Education Services run largely by Dr. Mather and the members of the County Nursing Services.

In looking through my Annual Reports for the last few years, it seems to me that I have done less than justice to the professional members of my Staff, upon whom have been showered honours of national and professional importance to a most unusual degree. I therefore make amends by recording my congratulations to:—Dr. E. R. Hargreaves, the Deputy County Medical Officer, for being awarded M.D. of Cambridge University on a Thesis based on research work on infantile paralysis in Cornwall, and also for being appointed a member of the Rheumatic Fever Committee of the Royal College of Physicians of London; to Dr. A. Mather for being appointed an Examiner of the University of Bristol; to Dr. C. C. Elliott for having served a 3-year term as Honorary Physician to The King, and for being a Vice-President of the Medical Officers of Schools Association; to Miss A. White for being appointed a member of the Advisory Panel to the Nuffield Provincial Hospitals Trust in connection with their job analysis of Public Health Nursing and for being appointed an Examiner of the Queen's Institute of District Nursing; to Miss N. E. Russell for being awarded a Fulbright Travelling Scholarship for a work-study course at Rochester University and with the Rochester Visiting Nurse Association in the State of New York; to Mr. W.

Shaw for being awarded the Ollett Gold Medal of the Sanitary Inspectors' Association, for being appointed a Chadwick Lecturer, for being awarded the John Edward Worth Prize of the Royal Sanitary Institute, and for being appointed a Fellow of the Sanitary Inspectors' Association; to Mr. J. E. Collins for having read by invitation a Paper to the British Association for the Advancement of Science; to Dr. G. W. Knight, formerly Area Medical Officer of the No. 2 Health Area, for being awarded M.D. of Leeds University for research work in Cornwall on epidemic labrynthitis; and to Mr. K. Batten, formerly Chief Dental Officer, for having served a term as President of the Dental Officers' Group of the Society of Medical Officers of Health.

Finally, I repeat most sincerely my acknowledgement of the help and encouragement I have received from the Chairman and Members of the Health Committee and my thanks to the many Voluntary Associations which have continued to help us so splendidly.

I am,

Your obedient Servant,

R. N. CURNOW,

County Medical Officer.

June, 1954.

CORNWALL COUNTY COUNCIL

REPORT OF THE COUNTY MEDICAL OFFICER OF HEALTH FOR THE YEAR 1953.

PUBLIC HEALTH OFFICERS:

County Medical Officer of Health and Principal School Medical Officer:

R. N. CURNOW, M.B., B.S., D.P.H.

Deputy County Medical Officer and Deputy Principal School Medical Officer:

E. R. HARGREAVES, M.A., M.D., B.Ch., D.P.H.

Assistant County Medical Officer and Supervisor of Midwives:

ANNIE MATHER, M.B., Ch.B., D.P.H.

Assistant County Medical Officers:

Area 1 (Penzance)—

W. K. DUNSCOMBE, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H.,
D.T.M. & H.

Area 2 (Redruth)—

G. D. K. NEEDHAM, M.R.C.S., L.R.C.P., D.P.H.

Area 3 (Truro)—

V. E. WHITMAN, B.Sc., M.R.C.S., L.R.C.P., D.P.H., D.T.M. & H.

Area 4 (St Austell)—

J. G. S. TURNER, C.M.G., M.B., Ch.B., B.Sc., D.P.H., D.T.M.,

Area 5 (Wadebridge)—

*J. REED, M.B., Ch.B., B.Sc., D.P.H.

Area 6 (Launceston)—

*W. H. P. MINTO, M.B., Ch.B., D.P.H.

Area 7 (Liskeard)—

P. J. FOX, M.B., B.Ch., D.P.H.

*Also School Medical Officer.

County Psychiatrist:

D. JACKSON, M.A., M.B., Ch.B., D.P.M.

Senior School Medical Officer:

C. C. ELLIOTT, D.S.C., V.R.D., M.D.

School Medical Officers:

DOROTHY A. CHOWN, M.R.C.S., L.R.C.P.
 MURIEL V. JOSCELYNE, M.B., Ch.B., D.P.H.
 C. L. KNIGHT, M.R.C.S., L.R.C.P., D.T.M. & H., D.P.H.
 (Com. 30. 3. 53).
 JEAN D. McKELLAR, M.B., B.S. (Left 30.11.53).
 JEAN D. McMILLAN, B.Sc., M.B., Ch.B.
 §W. H. P. MINTO, M.B., Ch.B., D.P.H.
 §J. REED, M.B., Ch.B., B.Sc., D.P.H.
 B. ROBERTS, M.R.C.S., L.R.C.P.
 WINIFRED M. RYAN, M.R.C.S., L.R.C.P

§Also Assistant County Medical Officer

Chief Dental Officer:

K. BATTEEN, L.D.S. (Retired 30.11.53).

Assistant Dental Officers:

R. J. R. BAKER, L.D.S.
 K. BATTEEN, L.D.S. (Com. 1.12.53—Part-time).
 P. S. R. CONRON, L.D.S.
 H. J. EAGLESON, L.D.S.
 P. W. EDDY, L.D.S. (Died 16.4.53).
 W. H. ELLAM, B.D.S.
 G. C. HODGSON, L.D.S.
 D. A. PATTERSON, L.D.S.
 F. R. TAYLOR, L.D.S.
 E. R. TRYTHALL, L.D.S.

County Sanitary Officer:

W. SHAW, Cert. R.S.I., F.S.I.A.

Assistant County Sanitary Officer:

W. R. SAUNDERS, Cert. R.S.I.

County Nursing Officer, Non-Medical Supervisor of Midwives, and Superintendent Health Visitor:

Miss ANN WHITE, S.R.N., S.C.M., Q.N.S., H.V.Cert.

Deputy County Nursing Officer, etc.:

Mrs. S. MEE, S.R.N., S.C.M., Q.N.S., H.V.Cert. (Left 30.4.53).
 Miss M. A. PRICE, S.R.N., S.C.M., Q.N.S., H.V.Cert. (Com. 1.6.53).

Assistant County Nursing Officers:

Area 1—Miss M. A. PRICE, S.R.N., S.C.M., Q.N.S., H.V.Cert.
 (Appointed Deputy County Nursing Officer 1.6.53).
 Area 2—Miss N. E. RUSSELL, S.R.N., S.C.M., Q.N.S., H.V.Cert.

Area 3—Miss M. GRAY, S.R.N., S.C.M., Q.N.S., H.V.Cert.

Area 4—Miss A. FEATHERSTONE, S.R.N., S.C.M., Q.N.S., H.V.Cert. (Com. 9.3.53).

Area 5—Miss G. C. HATCH, S.R.N., S.C.M., Q.N.S., H.V.Cert. (Left. 30.11.53).

Miss B. H. FLETCHER, S.R.N., S.C.M., Q.N.S., H.V.Cert. (Com. 1.12.53).

Area 6—Miss L. A. CULVERHOUSE, S.R.N., S.C.M., Q.N.S., H.V.Cert.

Area 7—Miss K. M. A. PETHYBRIDGE, S.R.N., S.C.M., Q.N.S., H.V.Cert.

County Ambulance Officer:

T. C. TRESIDDER.

Officer of the Order of St. John.

Divisional Ambulance Officers:

Area 1—W. H. MAYCOCK

Area 2—F. POLKINGHORNE

Area 3—K. TREVENA (Left. 30.9.53).

Area 4—D. C. B. PECKETT

Areas 5 and 6—S. G. MATTHEWS (Left 31.8.53).

Area 7—J. J. PEARCE

Senior Mental Health Worker:

F. E. PASCOE

Mental Health Worker:

Miss B. M. SYRETT

Educational Psychologist:

J. E. COLLINS, B.A., Dip. Ed. Psych., A.B.Ps.S.

Psychiatric Social Worker:

Miss B. ROGERS, Social Science Diploma.

Duly Authorised Officers:

Area 1—P. A. CLIFTON

Area 2—F. A. MARKS

Area 3—S. R. MOYSE

Area 4—W. St. A. SWEET

Area 5—A. J. ARMSTRONG

Area 6—H. DAVEY

Area 7—W. V. COUCH

County Home Help Organiser:

Mrs. E. L. CROTHERS

Speech Therapist:

Miss G. O. FELL, L.C.S.T. (Com. 1.9.53).

Chief Clerk:

J. R. SANDERS

PART-TIME OFFICERS:

Chief Inspector under Food and Drugs Acts:

K. R. C. MARTIN, M.I.W.M.A. (also Chief Inspector of Weights & Measures)

Public Analyst:

ERIC VOELCKER, A.R.C.S., F.R.I.C.

Analytical Laboratory, Stuart House, 1, Tudor Street,
London, E.C.4.

County Pathologist:

F. D. M. HOCKING, M.Sc., M.B., B.S., F.I.C., F.C.S.,
Royal Cornwall Infirmary, Truro.

Chest Physicians: (under the Regional Hospital Board)

L. W. HALE, M.D., F.R.C.P.

B. A. G. JENKINS, M.D., M.R.C.P.

G. A. M. HALL, M.D., M.R.C.S.

STATISTICS AND SOCIAL CONDITIONS

Area of the County	864,126 acres
Population, 1953 (Registrar General's estimate) ...	341,463
Population 1951 census	343,447
Population, 1931 census	316,228
Censal increase	27,219
Percentage increase	8.6
Number of inhabited houses (1931 census) ...	83,544
Rateable Value	£1,914,191
Sum represented by a penny rate ...	£7,719

The Registrar General's mid-year estimate of the population for the Urban and Rural areas during each of the five years 1949—53 is shown in the following table:—

	1949	1950	1951	1952	1953
Urban Districts ...	187,292	187,657	186,500	186,200	186,900
Rural Districts ...	147,955	152,342	153,300	154,661	154,563
Administrative County ...	330,247	339,999*	339,800*	340,861*	341,463*
Increase or decrease over previous year ..	+ 419	+ 9,752*	— 199*	+ 1,061*	+ 602*

* includes non-civilians stationed in the County.

Table I at the end of the Report shows the estimated population and number of births and deaths for 1953 in each of the Sanitary Districts of the County, whilst Table II gives a summary of these statistics for the County for recent years.

Births and Birth Rate

Live Births		Male	Female	Total
Legitimate	2,347	2,219	4,566	
Illegitimate	90	129	219	
Total	2,437	2,348	4,785	

Birth rate per 1,000 of the population ... 14.01

Still Births		Male	Female	Total
Legitimate	60	52	112	
Illegitimate	4	2	6	
Total	64	54	118	
Still birth rate per 1,000 of the population ...	0.35			

The Birth Rate of 14.01 in Cornwall compares with a rate of 14.32 in 1952 and 15.5 for England and Wales. The following are the rates in recent years:—

	Cornwall	England & Wales
1944	17.59 17.6
1945	16.08 16.1
1946	18.09 19.1
1947	19.00 20.5
1948	16.33 17.9
1949	15.41 16.7
1950	13.99 15.8
1951	14.33 15.5
1952	14.32 15.3
1953	14.01 15.5

Deaths and Death Rate

Deaths registered in or belonging to the County during the year were as follows:—

Males	... ... ...	2,193
Females	... ... ...	2,322
Total	... ... ...	4,515

This gives a death rate of 13.22 as compared with 12.84 in 1952 and 11.4 for England and Wales.

The following are the rates for recent years:—

	Cornwall	England & Wales
1944	14.13 11.6
1945	14.61 11.4
1946	14.32 11.5
1947	14.72 12.0
1948	12.93 10.8
1949	14.10 11.7
1950	13.69 11.6
1951	14.31 12.5
1952	12.84 11.3
1953	13.22 11.4

Maternal Mortality

Maternal deaths are no longer distinguished between those due to Puerperal Sepsis and Other Puerperal Causes. There were 4 deaths classified to Pregnancy, Childbirth and Abortion, which gives a maternal mortality rate of 0.82 per 1,000 total births. This compares with a rate of 1.40 for 1952 and 0.76 for England and Wales. The small numbers involved result in wide variations in the rate from year to year, and a more accurate impression is derived from a comparison of the rate for 1952 with the average rate for the previous five-year period (1948—1952) which was 1.17.

Infant Mortality

There were 128 infant deaths, representing a rate of 26.75 per 1,000 live births, compared with 26.8 for England and Wales. The rate of infant mortality is generally considered to be the most sensitive index of the condition of the population from the hygienic point of view.

Chief causes of death at all ages:—

		1952	1953
Disease of Heart and Blood Vessels	...	1,754	1,822
Cancer	...	689	743
Vascular lesions of nervous system	...	633	608
Respiratory disease	...	267	379
Suicide and deaths from violence	...	171	174
Tuberculosis	...	86	71

Deaths from Heart Disease

Age Group	Urban Districts		Rural Districts		Total	
	M.	F.	M.	F.		
0— 1	...	—	—	—	—	
1— 5	...	—	—	—	—	
5—15	...	—	—	—	—	
15—45	...	7	2	3	13	
45—65	...	98	62	71	42	273
Over 65	...	354	469	263	271	1,357
	—	—	—	—	—	
	459	533	337	314	—	1,643*
	—	—	—	—	—	—

*including 8 deaths in Scilly Isles.

Number of Deaths at Different Periods of Life

Age Group		Male	Female	Total
0— 1	...	77	51	128
1— 5	...	13	14	27
5—15	...	12	12	24
15—45	...	98	84	182
45—65	...	530	417	947
Over 65	...	1,478	1,758	3,236
	—	—	—	—
Total	...	2,208	2,336	4,544*
	—	—	—	—

*including 29 deaths in the Scilly Isles.

The following table shows the number of deaths which occurred in the various age-groups out of every 1,000 deaths which occurred in the County in the years 1903 and 1953:—

1903		1953
159	Under 1 year of age	28
54	Ages 1 year to 5 years	6
27	Ages 5 years to 15 years	5
46	Ages 15 years to 25 years	8
293	Ages 25 years to 65 years	241
421	Ages 65 years and over	712

A complete list of deaths from all causes, in age groups, is shown in Table V at the end of this Report.

Comparative Rates	England and Wales		
	Cornwall	1952	1953
Live births, rate per 1,000 of the population	...	14.32	14.01
Stillbirths, rate per 1,000 of the population	...	0.34	0.35
Deaths from all causes, rate per 1,000 of the population	...	12.84	13.22
Deaths under 1 year of age:—			11.4
All infants per 1,000 live births	...	30.53	26.75
Legitimate infants per 1,000 legitimate live births	...	30.23	26.72
Illegitimate infants per 1,000 legitimate live births	...	36.87	31.96
Deaths from Whooping Cough per 1,000 population	...	0.015	0.00
Deaths from Diphtheria per 1,000 population	...	0.009	0.00
Deaths from Influenza per 1,000 population	...	0.038	0.208
Deaths from Tuberculosis per 1,000 population	...	0.252	0.208
Maternal Mortality per 1,000 total births	...	1.40	0.82
			0.76

NATIONAL HEALTH SERVICE ACTS, 1946—1949

ADMINISTRATION

The administrative structure described in some detail in earlier Annual Reports has continued to function smoothly.

The areas into which the County has been divided are as follows:—

Area	Area Office		Area in	Estimated
No.	Address.	Sanitary Districts	Acres.	Population
1	1, North Parade, Penzance.	Penzance M.B. St. Ives M.B. St. Just U.D. West Penwith R.D.	3,155 4,287 7,634 59,792	20,000 8,490 4,007 17,580
			<hr/>	<hr/>
			74,868	50,077
			<hr/>	<hr/>
2	Station Hill, Redruth.	Helston M.B. Camborne-Redruth U.D. Kerrier R.D.	4,014 22,062 90,839	5,787 35,380 21,510
			<hr/>	<hr/>
			116,915	62,677
			<hr/>	<hr/>
3	6/7 Lemon Street, Truro.	Falmouth M.B. Penryn M.B. Truro City Truro R.D.	1,880 829 2,634 108,316	16,490 4,232 13,350 26,880
			<hr/>	<hr/>
			113,659	60,952
			<hr/>	<hr/>
4	34a Fore Street, St. Austell.	Fowey M.B. Lostwithiel M.B. Newquay U.D. St. Austell U.D. St. Austell R.D.	2,979 3,156 4,599 18,379 82,389	2,270 2,052 9,760 23,480 22,030
			<hr/>	<hr/>
			111,502	59,592
			<hr/>	<hr/>
5	Hill Road, Wadebridge.	Bodmin M.B. Padstow U.D. Wadebridge R.D.	3,312 3,343 88,230	6,508 2,783 16,410
			<hr/>	<hr/>
			94,885	25,701
			<hr/>	<hr/>

Area No.	Area Office Address.	Sanitary Districts	Area in Acres.	Estimated Population
6	St. Mary's Old Vicarage, Launceston.	Launceston M.B. Bude-Stratton U.D. Camelford R.D. Launceston R.D. Stratton R.D.	2,182 4,294 52,544 73,051 56,285	4,623 5,112 7,330 6,493 5,630
			188,356	29,188
7	Westbourne, Liskeard.	Liskeard M.B. Saltash M.B. Looe U.D. Torpoin U.D. St. Germans R.D. Liskeard R.D.	2,704 5,335 1,691 975 48,433 104,803	4,321 7,950 3,591 6,714 16,630 14,070
			163,941	53,276

CARE OF MOTHERS AND YOUNG CHILDREN

1. HISTORY

The following note of the development of the County Council Maternity and Child Welfare Services, which was prepared for other purposes, may be of interest to members of the Council.

1914 Adoption of Notification of Births Act 1905 by Penzance and St. Austell. First health visitors appointed at Penzance. In 1917, 4 health visitors were appointed by the County Council to work in areas not covered by district nurses. By 1925 there were 9 health visitors. At present there are 31 health visitors employed in towns and 28 district nurses with the health visitor's certificate working in rural areas.

1917 First Child Welfare Centre opened at Camborne in charge of doctor. Local nurse also attended and paid follow-up visits. By 1918 there were 12 Child Welfare Centres in the County. This number increased to 20 by 1930, 37 by 1948 and 42 in 1953.

1918 Three emergency nurses appointed by County Council to nurse cases of measles, ophthalmia neonatorum, whooping cough and puerperal pyrexia in their own homes. This number increased to 4 in 1926. When not engaged on these duties the nurses were lent to the District Nursing Association for maternity work.

A Home for unmarried mothers and their babies was opened at St. Agnes under the auspices of the Cornwall Social and Moral Welfare Association. Accommodation was provided for 25 babies and 12 mothers. It was extended in 1947 to accommodate 24 mothers (pre-natal and post-natal) and their babies.

1924 The first Children's Ward was opened at Royal Cornwall Infirmary, Truro. Prior to this there had been no definite allocation of beds for children, but beds had been used as required in Poor Law Institutions. In 1927 a Children's Ward was opened at the West Cornwall Hospital, Penzance, and in 1937 one was opened at Falmouth Hospital. At present there are 49 beds for children in these 3 Hospitals.

1925 Arrangements were made to treat cases of ophthalmia neonatorum at Tuckingmill Dispensary and Plymouth (South Devon and East Cornwall Hospital). During the next 20 years 89 cases were admitted to Hospital; blindness occurred in 3 cases. The last case of blindness from ophthalmia neonatorum was in 1937.

1926 Maternity Ward (6 beds) opened at Redruth Hospital. Previously there were only private beds, beds in Plymouth Hospitals, and a few beds in Poor Law Institutions for necessitous cases. The Maternity Unit was extended to 15 beds in 1939. In 1941 Polvellan Maternity Home, Looe, was opened with 18 beds. In 1943 and 1944 maternity annexes were opened at Redruth, making the total number of maternity beds available 48. These were for medical cases and urgent social ones. There are now over 100 maternity beds in Cornwall, and also an allocation of beds in Plymouth Hospitals.

In 1941 a consultant obstetrician was appointed. In 1942 consultant ante-natal clinics were opened in 8 towns, and a "flying squad" was instituted to provide consultant emergency treatment in patients' own homes, if necessary, before removal to hospital. There had been no ante-natal clinics previously, but arrangements had been made for general practitioners to undertake ante-natal and post-natal examination of their patients. The County Council paid the doctor a small fee for reports on these examinations which were found to be very useful. This scheme lapsed on the 5th July, 1948. The services of the consultant obstetrician were made available to general practitioners when required.

1934 Arrangements made for the examination of children under 5 with squint and the provision of glasses where necessary.

1939 Arrangements for dental treatment expanded to provide for children under 5 years.

First provision of accommodation for children at the Camborne-Redruth Miners' and General Hospital, where there are now 12 children's beds.

Extension of schemes for diphtheria immunisation. Previously immunisation was undertaken in few areas only (St. Ives, Launceston). A further campaign against diphtheria took place in 1941 when 523 cases were notified and there were 42 deaths. Immunisations continued with a fall in the cases to 27 in 1948 with no deaths. In 1953 there were 8 cases and no deaths.

1940 Accommodation for infectious diseases centralised in Truro.

1941 Iron Lung available.

1943 Four Day Nurseries opened (in addition to nurseries for evacuees). In 1945, 2 of these nurseries were closed; one was transferred to the Education Committee in 1946, and the fourth was closed in 1952.

1944 Home Help Service started. This service was extended after 1948 and now covers the whole county. There is a small panel of resident helps to cover cases where daily help is not practicable.

1945 Increased grant to Central Council for Health Education. Meetings and lectures held by Central Council in several areas.

1947 Consulting paediatrician appointed but he accepted a University Chair of Paediatrics before he took up his appointment in Cornwall. In 1952 a consulting paediatrician was appointed in Plymouth, and twice a year the School Medical Officers and Assistant County Medical Officer (Maternity and Child Welfare) spend a day in his wards. This refresher course is found to be very helpful. The appointment of a paediatrician in the West Cornwall Clinical Area was still under discussion.

1948 Child Welfare Centres taken over by County Council. Staffed by School Medical Officers and Health Visitors. Each doctor attends the Child Welfare Centres and schools in the same area.

A scheme was inaugurated whereby branded dried milks were made available to mothers attending the centres. By arrangement with the firms supplying the milk, chemists sell dried milk at reduced rates, against vouchers issued by health visitors to mothers.

Priority dental treatment for mothers and young children available in Penzance, Falmouth and Truro only, owing to staffing difficulties. This has improved a little and the scheme now operates in 8 towns. Where possible a dental session is held in the same building coinciding with a Child Welfare or Ante-Natal Clinic, in order that children and mothers can be referred directly to the dental officer.

There was one registration under the Nurseries and Child Minders Regulation Act.

Appointment of Children's Officer and Assistant County Medical Officer (Maternity and Child Welfare).

1949 Extension of health education in Child Welfare Centres, Women's Organisations and schools. Provision of cine projector for showing suitable health films.

Five midwives' clinics opened for teaching mothercraft.

Opening of professional reference library for nursing staff of County Council.

Provision of sterilised maternity outfits for domiciliary confinements.

Arrangements for mass radiography and controlled use of B.C.G. vaccination, and when necessary isolation of vaccinated children in nurseries in the care of the Children's Committee.

Illegitimate children are well cared for and there is close liaison between the staff of the Health Department and the Social and Moral Welfare Association, and since 1948, with the County Children's Department. In 1951 the

infant death rate of illegitimate infants was slightly lower than that for legitimate infants.

Before a foster home is accepted by the Children's Officer it is reported on by the Health Department.

Provision of equipment for domiciliary care of premature babies. This equipment is kept in each of the Area Offices.

1950 Investigations into all infant deaths and still births in the County. These investigations have been done each year since, and provide much valuable information.

Arrangements made with the Hospital Management Committee to have the blood of every expectant mother grouped into A.B.O. and rhesus groups unless this is already known.

All eligible midwives were qualified to administer gas and air, and provided with a machine.

1951 The County Medical Officer was appointed the officer to co-ordinate statutory and voluntary organisations interested in children neglected in their own homes. Standing Committees were set up in each health area, and regular meetings held.

Family Planning Clinic opened at Falmouth. Negotiations are at present proceeding for opening a second clinic at St. Austell.

Film strip projectors provided by County Council and several strips for illustrating health talks.

Liaison Committee between hospital administrators, almoners, and officers of local authority set up.

1952 Liaison Maternity Sub-Committee consisting of general practitioners, members of the Regional Hospital Board, consultant obstetricians and officers of local authority set up.

Circular sent to General Practitioners (signed by consulting obstetricians and County Medical Officer) urging need for early diagnosis and treatment of eclampsia, a cause of many premature and still births. Arrangements made for district midwives to have all expectant mothers weighed regularly and report abnormal gains.

Opening of ward for premature babies in Freedom Fields Hospital, Plymouth. Babies from East Cornwall are admitted.

Combined diphtheria-pertussis prophylaxis started in Child Welfare Centres.

Pilot scheme of providing home help to assist in rehabilitating problem families started.

1953 Premature baby ward opened at Redruth Hospital.

Provision of convalescent accommodation for children at Hayle Nursery.

2. GENERAL INFORMATION

The work done for mothers and young children has progressed satisfactorily throughout the year. One of the outstanding events was the opening of the new Health Clinic at Hayle by H.R.H. The Princess Royal. This Clinic provides accommodation for the Child Welfare Centre, Midwives Clinics, Mothercraft Classes and classes for relaxation exercises, and Dental Clinic. There is provision for possible future extension for building for general practitioner and other services.

The provision of extra maternity beds at Old Tree, Launceston, and at Tavistock has led to a slight increase in hospital confinements, with a corresponding decrease in domiciliary deliveries. There is a still further decline in the number of babies born in private nursing homes and the owners of two of these homes have changed their registration in order to use their maternity beds to accommodate other patients.

The opening of the ward for premature babies at Redruth Hospital is of great importance. Nearly two thirds of the neonatal deaths occurred in premature babies, and it is of vital importance that these babies should have every care and attention. A ward for premature babies was opened in the South Devon and East Cornwall Hospital, Plymouth, last year and caters for premature babies from East Cornwall.

The infant mortality rate, which is said to be an indication of the health of the community, is lower than it has ever been in Cornwall (26.75 per 1,000 live births), and is in fact lower than the average for England and Wales (26.80). The fall in the infant death rate is largely in the group of children aged one to twelve months. The neonatal death rate although lower than previously has only fallen from 21.92 in 1952 to 20.27.

The attendances at Child Welfare Centres have increased during the year. This may partly be due to the fact that immunisation against whooping cough is now available at the centres. Whooping cough prophylaxis and combined diphtheria and whooping cough prophylaxis were introduced into the centres towards the end of 1952, and many mothers have taken advantage of this to have their children inoculated against these diseases.

Early in the year officials of the Ministry of Health visited Cornwall to make a survey of the Maternal and Child Welfare work. They visited Child Welfare Centres, Midwives' Clinics, Mothercraft Classes, Home Help Organisers, Dental Clinics and Rosemundy Home. They interviewed many doctors, dentists, nurses and others. They were very pleased with the standard of work achieved and gave a most satisfactory report.

Ante-Natal Clinics

Routine and consultant ante-natal clinics continue to be provided by the Regional Hospital Board throughout the County and are attended by the hospital staff. Patients who are to be admitted to hospital for their confinements visit these clinics. All pregnant women are entitled to ante-natal care and supervision by their own doctors.

In some areas midwives' ante-natal clinics and mothercraft classes have been established. These are essentially educational and may be attended by patients booked for home or hospital confinement. Relaxation exercises are practised. The help given by the Physical Education Organiser, Miss Jeans, and her staff, has been much appreciated and I should like to thank her for her valuable assistance in this important branch of public health. Talks are given at these classes and discussions held. The progress of normal labour is explained with the help of a birth atlas. By removing the dread of the unknown it has been proved that women relax more satisfactorily and have an easier time at their delivery. Sometimes even the midwives have been surprised at the results of their teaching. It is hoped to extend the provision of these classes. At present they are held at:—

Penzance	Helston	Millbrook
Newlyn	St. Austell	Saltash
Hayle	Roche	
Camborne	Wadebridge	

Maternity Accommodation

Maternity accommodation is provided by the Regional Hospital Board. Women who need hospital accommodation for their confinement on social grounds are recommended by the County Medical Officer. During the year the allocation of beds for such patients has been increased at Old Tree and Alexandra Maternity Homes, and a few patients are admitted to Tavistock Maternity Home from nearby parts of Cornwall. This has resulted in a slight increase in the proportion of hospital deliveries, and a corresponding decrease in domiciliary and nursing home confinements. During the year 75 social cases were referred to West Cornwall Hospital, 15 to Redruth Hospital, 140 to Trebarras Maternity Home, 136 to Old Tree Maternity Home, 81 to the Alexandra Maternity Home, and 6 to Tavistock Maternity Home.

The following table shows the percentage of births which took place in the patients' homes or elsewhere, and also the number of practising midwives:—

Year	Total No. of births	Percentage of total births occurring in			Midwives	
		Patient's Home	Redruth Maternity Unit and other Hospitals	Nursing Homes	Total No. Practising	No. employed by C.C.N.A. or C.C.
1935	4376	•	3.3	•	214	163
1940	4431	•	6.5	•	251	184
1941	5281	65.2	19.1	15.7	281	137
1942	5126	63.4	20.1	16.5	288	157
1943	5134	58.5	19.8	21.7	186	152
1944	5853	54.0	25.0	21.0	250	154
1945	5222	54.0	23.0	23.0	223	152
1946	5910	56.4	21.2	22.4	181	137
1947	6288	58.3	19.7	22.0	195	145
1948	5521	57.3	23.8	18.9	193	140
1949	5214	56.7	33.2	10.1	215	128
1950	4883	58.2	29.5	12.3	187	123
1951	4869	58.3	34.8	6.9	187	120
1952	4673	58.7	35.6	5.7	184	120
1953	4868	55.36	40.92	3.72	186	127

*Figures not available.

Maternity Outfits

Sterilised maternity outfits are provided free for all domiciliary confinements. These outfits are distributed by midwives and by the Health Area Offices.

Mother and Baby Homes

Rosemundy Home at St. Agnes is maintained by the Cornwall Social and Moral Welfare Association, and is subsidised by a grant from the County Council. There is accommodation for 24 unmarried mothers and their babies. Each girl stays in the Home for about six months (2 months before confinement and 4 after). During the year 54 girls were admitted and 37 babies were born in the Home.

Puerperal Pyrexia

The Puerperal Pyrexia Regulations which came into operation in 1951 define puerperal pyrexia as "any febrile condition occurring in a woman in whom a temperature of 100.4° Fahrenheit (38° Centigrade) or more has occurred within fourteen days of childbirth or miscarriage." Under these Regulations 134 cases were notified; 30 in domiciliary and 104 in institutional confinements.

Ophthalmia Neonatorum

There were 4 cases of ophthalmia neonatorum notified and all recovered with no impairment of vision.

The number of cases notified per 1,000 live births in recent years is as follows:—

Year	Total cases	No. per 1,000 live births
1945	12	2.7
1946	7	1.4
1947	7	1.3
1948	6	1.1
1949	6	1.2
1950	2	0.4
1951	0	—
1952	5	1.01
1953	4	0.84

Maternal Mortality

There were 4 deaths associated with child birth. All were confined in hospital, 2 of the 4 being emergency admissions. The cause of death in one case was puerperal septicaemia—being the first death from this cause since 1947. The maternal death rate for Cornwall, calculated per 1,000 total births, is 0.82 as compared with 0.76 for England and Wales. Only once, in 1949 (0.38), has our maternal mortality rate been lower.

The following are the rates for recent years:—

Year	Puerperal Sepsis		Other Causes		Total	Maternal Mortality Rates	
	No. of deaths	Rate	No. of deaths	Rate		Maternal Deaths	Cornwall	England & Wales
1940	1	0.22	10	2.18	11	2.40	2.16
1941	6	1.13	17	3.20	23	4.33	2.23
1942	2	0.39	8	1.56	10	1.95	2.01
1943	7	1.36	6	1.17	13	2.53	2.29
1944	6	1.03	14	2.39	20	3.42	1.93
1945	3	0.57	13	2.49	16	3.06	1.79
1946	1	0.17	5	0.85	6	1.02	1.43
1947	2	0.32	14	2.22	16	2.54	1.17
1948	—	0.00	7	1.27	7	1.27	1.02
1949	—	0.00	2	0.38	2	0.38	0.98
1950	—	0.00	8	1.64	8	1.64	0.86
1951	—	0.00	6	1.20	6	1.20	0.79
1952	—	0.00	7	1.40	7	1.40	0.72
1953	1	0.21	3	0.61	4	0.82	0.76

With such small figures the rates are apt to be misleading. The following figures show quinquennial rates for recent years:—

	Cornwall	England & Wales
1934—1938	...	3.61
1939—1943	...	2.30
1944—1948	...	1.49
1949—1953	...	0.82

Liaison Committee

The Maternity Sub-Committee of the West Cornwall Hospital Management Committee which was formed in 1952 continues to improve the liaison between the hospital and domiciliary maternity services. The Committee consists of members of the West Cornwall Hospital Management Committee, Consulting Obstetricians, the Superintendent Midwife of the Hospital Maternity Unit, representatives of the Local Medical Committee, and Officers of the County Health Department. Its terms of reference are as follows:—

- (a) To report on present midwifery services and to make suggestions for improvement.
- (b) To consider closer integration of the hospital and domiciliary midwifery services.
- (c) To obtain statistics of hospital and domiciliary midwifery.

Infant Mortality

In 1953 the number of babies who died during their first year of life was 129 which gives an infant death rate of 26.75 per 1,000 live births. This is the lowest infant death rate Cornwall has ever reached and compares with 30.53 in 1952. It is lower than the average infant death rate for England and Wales which is 26.80.

The following are the infant mortality rates per 1,000 live births for a number of years:—

	Cornwall	England and Wales
1898	156.24	160
1900	126.19	154
1910	85.44	105
1920	59.50	80
1930	51.27	60
1940	48.26	55
1941	52.46	59
1942	46.09	49
1943	35.81	49
1944	40.72	46
1945	36.67	46
1946	38.75	43
1947	34.85	41
1948	34.54	34
1949	32.24	32
1950	30.26	30
1951	33.48	29.6
1952	30.53	27.6
1953	26.75	26.80

Again to give an accurate comparison with the rate for the country as a whole, the following are quinquennial rates for recent years:—

	Cornwall	England and Wales
1934—1938	50.6	57.2
1939—1943	48.2	52.4
1944—1948	37.11	42.0
1949—1953	30.65	29.2

Seven of the infant deaths were illegitimate babies giving a death rate of 31.96 per 1,000 illegitimate live births compared with a rate of 26.72 for legitimate babies.

Investigations are made into all infant deaths and these showed that 97 were neonatal deaths (babies dying during the first 4 weeks of life), giving a neonatal death rate of 20.27 compared with 21.92 in 1952, 21.98 in 1951 and 22.06 in 1950.

The causes of neonatal deaths were as follows:—

	Premature	Full Term
Prematurity only	18	—
Prematurity associated with		
maternal toxæmia	7	—
Birth injury	9	10
Congenital defect	1	8
Infection	5	7
Other Causes	20	12
	—	—
	60	37
	—	—

Nearly two thirds of these deaths (61.2%) occurred in premature infants.
Age at which neonatal deaths occurred:—

Under 1 week	86 (including 41 who lived less than 24 hours)
1—2 weeks	5
2—3 weeks	4
3—4 weeks	2

Many of these neonatal deaths can be attributed to causes acting before or during birth, and are closely linked with stillbirths. Investigations were also made into 118 stillbirths. There has been very little change in the stillbirth rate. The following table shows the comparative rates per 1,000 population for Cornwall and England and Wales for recent years:—

Year	Cornwall	England and Wales
1939	0.58	0.59
1940	0.49	0.55
1941	0.49	0.51
1942	0.52	0.54
1943	0.50	0.51
1944	0.56	0.50
1945	0.57	0.46
1946	0.49	0.53
1947	0.55	0.50
1948	0.41	0.42
1949	0.38	0.39
1950	0.37	0.37
1951	0.34	0.36
1952	0.34	0.35
1953	0.35	0.35

The causes of still births were as follows:—

	Premature	Full Term
Premature only	... 16	—
Associated with Maternal		
Toxaemia	... 17	9
Difficult Labour	... 2	19
Malformation	... 6	9
Other Causes	... 14	26
	— 55	— 63
	—	—

Nearly half the still births (45.8%) are born prematurely. As an inadequate maternal diet has an adverse effect on the developing foetus it is wise policy in health education to ensure that all expectant mothers realise the value of taking suitable diet during their pregnancies and also taking the vitamins to which they are entitled.

The lowered infant mortality is mostly in babies between one and twelve months. The number of babies dying at this age was 31 as compared with 43 in 1952, and 56 in 1951.

The causes of these deaths were:—

Bronchopneumonia and other respiratory infections	11
Gastro-enteritis	3
Other infections	4
Congenital malformation	7
Accidental suffocation	4
Other causes	2

The 4 cases of accidental suffocation all occurred in bottle fed babies. One was due to suffocation by a pillow and the other 3 were due to regurgitation of feeds.

There were 327 premature live births, 267 of which survived 28 days. There were also 55 premature still births in the county. Special premature baby wards are now provided by the Regional Hospital Board at Redruth Hospital and at South Devon and East Cornwall Hospital, Plymouth.

Child Welfare Centres

There are 42 Child Welfare Centres maintained by the County Council. New centres were opened at Indian Queens, Chacewater and Cameron Estate, St. Agnes. The centre at Lostwithiel was closed as the attendance did not justify the continuation of this clinic.

100 sessions a month are held at these centres and 4,516 (3,722) children attended making 25,510 (23,494) attendances.

Age under 1 year	...	16,031 (15,420) attendances
1 year but under 2 years		5,508 attendances
2 years but under 5 years		3,971 attendances

Although there is a considerable increase in the number over the previous year (1952 figures in brackets), there is a marked tendency for attendance to diminish after the child is over 12 months.

Centres are established in towns and larger villages where there is sufficient demand for this service. They are staffed by School Medical Officers, Health Visitors and District Nurses. I am indebted to the many voluntary workers who give their services by clerical and other work. Their continued interest and help is much appreciated.

Health education continues to be carried out at the centres. Talks, demonstrations and discussions are held, and it is hoped to increase the amount of group teaching among mothers. It has been proved that group teaching is the most effective form of health propaganda.

Centres are not intended for treatment, to which every child is entitled from a general practitioner, but are for the regular supervision of healthy

children, and the education of their mothers. The value of attendance at a Centre is increased by follow-up visits to the home by a health visitor, who ensures that the advice given has been understood and that directions are correctly followed.

Centres provided by voluntary associations are held each month at St. Mawes and Portscatho. There were 344 attendances at these two clinics during the year.

Family Planning Clinic

The Clinic established at Falmouth by the Family Planning Association in 1951 has again shown an increase in the work done. A second clinic was opened at St. Austell early in 1954.

I am indebted to the Clinic Secretary of the Falmouth Clinic for the following report:—

“I have pleasure in presenting the third Annual Report for the year 1953.

During the year 47 Clinic Sessions have been held at which there were 642 attendances. 359 of these were new patients. Orders despatched by post totalled 605.

These figures show a steady increase since the inception of this Clinic in 1951. We started with only 2 clinics per month, increased them to 3 per month at the beginning of 1952, and to every week at the end of 1952. The attendances rose from 314 in 1951 to 499 in 1952 and now 642 in 1953. The post orders commenced with only 82, rose to 408 in 1952 and were 605 in 1953.

A classification of the new patients attending in 1953 is as follows:—

Recommended by doctors	...	...	...	165
Recommended by Nurses and Health Visitors	...	...	123	
Transferred from other Clinics	...	...	17	
Recommended by Headquarters and Patients	...	...	41	
Came through other means	...	...	13	
			—	359
Recommended because of ill-health	...	...	81	
Recommended because of lack of accommodation			67	
Recommended for family spacing	...	...	126	
Recommended because cannot afford more children			49	
Advised by doctors to rest from pregnancy	...	...	28	
Pre-marital cases	...	...	6	
Sub-fertility case	...	...	1	
Marital difficulty case	...	...	1	
		—		359
Patients aged 25 years and under	...	...	117	
Patients aged 26 to 35 years				
Patients aged 36 to 50 years			—	859

During the year a total of 32 patients were seen either free of charge or at reduced fees. I would like to take this opportunity of expressing the appreciation and gratitude of our Committee to the Cornwall County Council for the grant they make us and also for the use of the Welfare Centre premises."

THE NURSING SERVICES REPORT OF THE COUNTY NURSING OFFICER

The past year, I am glad to say, has been one of progress; although still short in some Areas our staff has increased gradually. It is also good to note that the present staff are more stable, with a larger increase of appointments over resignations. There has also been a fall in the sickness rate. The total amount of sick leave for all staff 1,892 days; an average of 11.3 days per person.

Visits to Maternity Units

District Midwives have undertaken 1,387 journeys in escorting patients to Maternity Units. The time spent was 3,348 $\frac{1}{4}$ hours.

296 journeys were undertaken between 8 a.m. and 2 p.m. taking 661 $\frac{1}{4}$ hours
 412 journeys were undertaken between 2 p.m. and 10 a.m. taking 952 hours
 679 journeys were undertaken between 10 p.m. and 8 a.m. taking 1,735 hours

Of the maternity patients delivered in Hospital, 447 returned home before the 14th day and were attended by District Midwives.

Post-certificate Training

It is very encouraging to note that 11 candidates were accepted for the Health Visitors' training during 1953, and our number of qualified health visitors has increased by 12. The grant for training is to be increased as from 1st January 1954, and this will be greatly appreciated by those students who have dependants to support.

There were also 12 nurses who completed their "Queen's" District training during the year.

Refresher Courses

During the year, 30 members of staff attended Refresher Courses as follows:—

Public Health ...	5	Home Nursing ...	4
Midwifery ...	19	Administration ...	2

Letters have been received from several nurses saying how much they appreciate being given the opportunity of attending these Courses, and how helpful they are in refreshing their minds and keeping them abreast of progress. The benefit gained is apparent in the work being carried out as one goes round amongst the staff, and, looking back over the years, it is obvious that time and money used for this purpose is worth while.

Housing

The housing of our staff has, on the whole, been satisfactory during the year 1953. We have acquired 7 more houses, and now have 50 houses and

flats accommodating 74 members of the staff. Of these houses, 26 are rented from local Housing Authorities, and 8 are rented privately. Thirty-six of the 50 houses are furnished by the County Nursing Association, and 14 are let to the staff unfurnished.

Transport

Of the 171 members of staff employed at 31.12.53, 143 had cars, and of these 120 were provided by the employing Authority; the rest being owned by individuals.

Liaison with other workers

During the year arrangements have been made with the General Hospitals for some of their Senior Student Nurses to visit with the District Nurses, in order to give them a picture of the home background of the patients they are nursing, showing them how social conditions contribute to ill health; also what far reaching effects the illness of one member of the family may have. It has also been possible to arrange for Student Nurses from Tehidy Sanatorium to visit with the tuberculosis health visitors. It is hoped that, in this way, those carrying out the curative work may be helped to a better understanding of the underlying causes of illness, and, in doing so, to contribute in a real way to the patients' complete recovery. As well as nurses coming out of Hospital, some members of the Public Health staff are paying regular visits to the Geriatric Unit and to Tehidy Sanatorium. This meeting of 'inside' and 'outside' staff is of great value to all concerned. It helps one to understand the other's problems and in doing so tends to a closer integration of the preventive and curative services.

Nurses Employed at 31st December, 1953:—

Administrative Staff

County Nursing Officer	...	...	...	...	...	1
Deputy County Nursing Officer	...	...	...	...	...	1
Assistant County Nursing Officers	...	...	...	...	...	6

District Nurse-Midwives

"Queen's" Nursing Sisters, S.R.N., S.C.M., Health Visitor's Certificate	...	...	...	...	...	26
"Queen's" Nursing Sisters, S.R.N., S.C.M.	...	...	...	...	...	39
State Registered Nurses, S.C.M., Health Visitor's Certificate	...	...	...	...	...	3
State Registered Nurses, S.C.M.	...	...	...	...	...	23
State Certified Midwives, S.E.A.N.	...	...	...	...	...	36
State Registered Nurse (full time)	...	...	...	...	...	1
State Registered Nurses (part-time)	...	...	...	...	...	2

Health Visitors

State Registered Nurses, S.C.M., Health Visitor's Certificate	...	...	...	...	...	31
State Registered Nurses, Health Visitor's Certificate	...	...	...	...	...	2

Patients Attended by Nurse-Midwives

New Patients ...	...	...	...	...	...	14,721
Surgical Cases	...	...	...	...	...	3,270
Medical Cases	...	...	...	...	...	7,912
Midwifery Cases	...	...	...	...	...	2,074
Maternity Cases	...	...	...	...	...	507
Maternal Complications	...	...	...	...	...	447
Infectious Diseases (including Tuberculosis)	...					511

Work Done by Health Visitors

General Nursing visits	...	...	...	...	...	167,909
Midwifery and Maternity Cases visited	...	...	...	...	...	53,789
Ante-natal visits	...	...	...	...	...	29,211
Nights on duty	...	...	...	...	...	1,783
Notifiable Diseases (including Tuberculosis)	...					7,996

Work Done by Health Visitors

Maternity and Child Welfare Work

	Full Time H.V.'s.	Part Time H.V.'s.	Admini- strative Staff	Totals
Visits—New Births	... 2,148	2,593	—	4,741
Visits to children under 1	... 20,984	22,989	—	43,973
Visits to children aged 1—5	... 34,451	33,996	—	68,447
Child Welfare Centres attended	1,079	1,212	178	2,469
Visits to Expectant Mothers	... 1,159	—	—	1,159
Ante-natal Clinics attended	... —	—	13	13
Immunisation Clinics attended	... 175	—	—	175
Child Life Protection visits	... 47	—	26	73
Lectures and Talks given	... *414	—	90	504
Demonstrations	... ... *424	—	—	424

*Full time and part-time.

School Work

Attendances at Minor Ailment Clinics	...	779	—	—	779
Attendances at School Medical Inspections	...	451	413	—	864
Attendances at Hygiene Inspections	...	1,133	1,771	—	2,904
Follow-up visits	...	1,865	1,913	—	3,778

Tuberculosis Work

First visits to Patients' Homes	...	418	—	—	418
Revisits to Patients' Homes	...	6,379	—	—	6,379
Clinics attended	...	891	—	82	973

**REPORT OF THE COUNTY NURSING OFFICER AS STATUTORY
NON MEDICAL SUPERVISOR OF MIDWIVES**

Midwives practising on 31st December, 1953:—

Domiciliary Cornwall County Council:—

"Queen's" Nursing Sisters, S.R.N., S.C.M., H.V.Cert.	...	...	26
"Queen's" Nursing Sisters, S.R.N., S.C.M.	...	...	39
State Registered Nurses, S.C.M., H.V.Cert.	...	...	3
State Registered Nurses, S.C.M.	...	...	23
State Certified Midwives, S.E.A.N.	...	...	36
			—
			127
Domiciliary in Private Practice	...	...	20
In Nursing Homes	...	...	5
			—
			152
			—

Cases attended by above midwives:—

		As Mid.Nurse	As Mat.Nurse	Totals
Cornwall County Council	...	2,074	507	2,581
Independent Midwives and in Nursing Homes	...	11	44	55
		—	—	—
		2,085	551	2,636
		—	—	—

Notifications received:—

Stillbirths	...	...	...	...	...	...	118
Deaths of Mothers	...	...	...	...	...	...	4
Infant Deaths	...	...	...	...	...	...	110
Artificial feeding	...	...	...	...	...	...	329
Liability to be Source of Infection	...	...	...	...	...	...	54
Sending for Medical Aid	...	...	...	...	...	...	794

Medical Aid forms sent in respect of:—

Mother during Ante-natal period	...	...	...	104
Mother during Labour	...	...	...	484
Mother during Puerperium	...	...	...	91
Infants	...	...	...	115

Work of Supervisor and Assistants:—

Regular Inspections of Midwives and Nurses	...	...	...	418
Other visits to Nurses	...	...	...	508
Special visits of Enquiry	...	...	...	350
Inspections of Nursing Homes	...	...	...	43
Inspections of Old Persons Homes	...	...	...	94

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

There are no nurseries or daily minders registered with the County Council under this Act.

NURSING HOMES

Nursing Homes are registered and administered under the Public Health Act, 1936. At the end of the year there were 13 registered Nursing Homes in the county with 17 maternity beds and 121 beds for other cases. There were 145 babies born in Nursing Homes in 1953, compared with 267 the previous year.

One new Home was registered under the Act and one Home was closed by the owners. Two other Homes were re-registered as the owners wished to change their maternity beds to accommodate general patients.

Routine inspections are made of Nursing Homes by the staff of the Health Department. During the year 71 such visits were paid.

DISABLED AND OLD PERSONS' HOMES

Disabled and Old Persons' Homes are registered and administered under the National Assistance Act 1948, and are for the accommodation of aged or other persons who are substantially or permanently handicapped by illness, injury, or congenital deformity.

At the end of the year 20 Homes for Old Persons and 1 Home for the Blind were registered with the County Council, with accommodation for 264 old people and 21 blind. One Home was closed by the owners and 5 new Homes were registered. During the year 152 routine visits of inspection were paid to these Homes.

DOMESTIC HELP SERVICE

The Home Help Service established under Section 29 of the National Health Service Act is meeting an ever growing demand and it has been necessary to increase the establishment in some centres. The Women's Voluntary Services continue to operate the scheme throughout the county, each district having a local organiser who is responsible to the area health sub-committee and its medical officer for the day to day work in her district.

During 1953 Home Helps have been employed in 1,151 households as compared with 949 in 1952. Now that confidence in the service has been built up, there is an ever increasing demand from mothers who have to

enter hospital leaving a husband and young family to be cared for. The Home Help Service has enabled many children to remain in their own homes, instead of entering children's homes or being boarded-out. The chronic sick, including the aged and infirm have also made a heavier call on the service and every effort is made to keep these folk in their own homes, until such time as they require attention night and day.

An interesting experiment has been started in one area. A male part-time Home Help has been appointed and has proved invaluable in some of the dirtier homes, where the work was beyond the strength of a woman. When he has restored order in the home, he is replaced by a female Home Help and moves on to the next household.

Specially selected Home Helps are assisting with problem families in one area. These work with the housewife, assist her with the family budget and help her to rekindle a pride in her home.

Throughout the year there has been some increase in the number of part-time and spare-time Home Helps. With the exception of the larger centres it is found to be an economy to employ part-time and spare-time Home Helps and the aim to have a spare-time Home Help in each village is gradually being realised.

The following table shows the number of Home Helps employed and the number of cases during the year.

	Number of Home Helps employed:				Number of cases served: Chronic		
	Whole time	Part time	Spare time	Matern- ity	Tuber- culosis	sick etc.	Others
Area No. 1 ...	6	2	23	26	4	93	29
Area No. 2 ...	12	19	7	30	—	103	56
Area No. 3 ...	20	10	15	65	9	105	152
Area No. 4 ...	3	2	41	45	4	11	147
Area No. 5 ...	—	—	7	9	2	12	17
Area No. 6 ...	—	1	16	10	—	11	19
Area No. 7 ...	—	4	21	43	7	36	31
Res. H.H. ...	4	—	1	53	—	6	16
	—	—	—	—	—	—	—
Total ...	45	38	131	281	26	377	467
	—	—	—	—	—	—	—

The following table shows the expansion of the service:—

Year			Number of Cases Served	
	Full Time	Part-Time		
1948	28	21		171
	(6 months)			
1949	49	80		718
1950	50	64	Maternity	284
			Tuberculosis	19
			Others	469
				772
1951	50	85	Maternity	254
			Tuberculosis	30
			Others	559
				843
1952	44	112	Maternity	292
			Tuberculosis	21
			Aged & Infirm	278
			Others	358
				949
1953	45	169	Maternity	281
			Tuberculosis	26
			Chronic sick including aged & infirm	377
			Others	467
				1,151

Cost of the Service

Some little time ago, it was decided to produce some figures to show how much, if anything, was being saved to the country as a whole by the operation of the Home Help Service. The statement is often made that from the purely financial point of view, the expenditure on the Home Help Service may be regarded as saving far more than it spends by making unnecessary the use of expensive hospital beds. The point can easily be proved in connection with old people, and in connection with families with children who would otherwise have had to be sent to Children's Homes. In the straight-forward maternity cases, it is still true, but the difference is not so great.

1. OLD PEOPLE

Generalisations over such a varied field seem to be of very little use and therefore particulars are given below of two families whose details were known to us and whose old people would have had to go into a long-stay annexe were it not for the Home Help Service.

(a) A man and wife are supplied with a Home Help for eighteen hours a week, which would work out at an annual cost of £128.14s.0d. The District Nurse also visits and the cost of her services would work out

annually at £24.14s.0d. The householders contribute £39 a year from the National Assistance Board allowance, so that the net cost of the Service to the community works out at £114.8s.0d. a year. If these two old people were to go into a long-stay annexe, where the weekly cost is £6.5s.1d. per person, the annual cost would be £650.8s.8d.

(b) A family consisting of an aged and senile grandmother, a tuberculous mother and three children is receiving the services of a Home Help full-time. If it were not for the Home Help, the grandmother would have to go into a long stay annexe, the tuberculous mother into the Sanatorium and the three children into Children's Homes. A detailed calculation of the difference in cost does not seem to be necessary.

2. MATERNITY CASES

Where the mother has been able to stay at home owing to the provision of a Home Help, the following cases show the difference in cost to the community.

(a) A father, mother and one other child. Where the mother stays at home, the cost to the community is £7.7s.0d., in maternity medical fees; 10s. 4d. for a maternity outfit; £16. 5s. 0d. for a midwife, £12 maternity benefit; £11. 11s. 0d. for a Home Help for a fortnight; making a total of £47. 13s. 4d. In this case the full cost of the Home Help was recoverable and the net cost to the community was £36. 2s. 4d. In another similar family where the wife went to Hospital, the total cost to the community was £9 maternity benefit; £36. 3s. 10d. hospital accommodation; £9. 13s. 8d. for the child in a County Council Home for a fortnight; making a total of £54. 17s. 6d. There was the usual recovery for the maintenance of the child, making a net cost of £52. 17s. 6d., that is about £16 more than the case where the mother stayed at home with the assistance of a Home Help.

(b) A father, mother and three other children, with the mother confined at home, cost the community a total of £35. 3s. 10d. For a similar family where the mother went away and the children were taken into Children's Homes, the total cost was £73. 16s. 10d.

In some cases the provision of a Home Help increases the total cost to the community, and yet it is necessary to provide a Home Help. A mother with three children may be advised by her doctor to go to hospital. In such a case it may be necessary to provide a Home Help in order to make it possible for her to go to hospital. It follows, therefore, that in such a family there is a combination of the cost of the Home Help Service and the heavy cost of the Hospital Service.

National Assistance Board Grants

Where a householder is eligible for National Assistance, the Board have in many instances made a grant to enable the applicant to pay something towards the cost of the Home Help Service.

I should again like to express my thanks to Lady Carew Pole, the W.V.S. County Organiser, and the Women's Voluntary Services for their excellent work undertaken on behalf of the County Council, and also to those District Councils which continue to operate the scheme.

DENTAL SERVICE

Staffing

The staff of the Service throughout the year has been equivalent to 1 Chief Dental Officer, 8 Assistant Dental Officers, 9½ Dental attendants, 1 Dental Technician, 2 Dental Apprentices and 1 Clerk.

During the year we unfortunately lost the services of Mr. P. W. Eddy who died on 16th April, leaving a vacancy for an assistant Dental Officer in the St. Austell area.

Mr. E. R. Trythall, who held a part-time appointment with the Service, was appointed in a whole-time capacity on the 1st May in the Saltash—Torpoint—Callington area.

The Chief Dental Officer, Mr. K. Batten, resigned on the 30th November, but offered to work part-time in the St. Austell area until the staffing position improves.

The authorised establishment for the Service is 1 Chief Dental Officer and 10 Assistant Dental Officers. Although the vacancies for Assistants have been advertised it has not been possible to fill either of the posts. It is hoped that the new Chief Dental Officer will commence duties early in 1954.

Centres

During the year a new Dental Clinic has been opened at Hayle. It is situated in the new Welfare Centre, is well equipped, and takes the place of the Clinic held at the Passmore Edwards Institute which was only opened as a temporary measure.

In the North Eastern section of the County it has been found very difficult to provide a service for the whole area using only the Dental Centres at Bude and Launceston. Consequently clinics have been held in hired premises at Delabole and Camelford twice monthly, to save the patients long journeys and to cut down the demands for transport. There is now a fairly comprehensive service in the area, but the provision of a mobile dental clinic would probably be the ideal, as it could be used for half the year in the area and the remainder of the time in the Lizard peninsula where similar conditions exist.

A second surgery has been added to the Dental Headquarters at Truro. There are also centres at Redruth and at St. Austell with two surgeries which would enable an oral hygienist to be employed, although the second surgery at Redruth still needs equipment.

Dental Laboratory

Mr. W. F. Best completed his apprenticeship on the 31st December, and will be appointed to the post of Dental Technician. The complement of the Dental Laboratory will then be two Dental Technicians and one Apprentice. It is hoped to appoint another apprentice during the next year.

The Laboratory has been working to capacity and although production had to be suspended for two months in the summer because of alterations to the premises, the following table shows that the output was practically the same as in 1952:—

Output of the County Dental Laboratory

			Mothers and Young Children	School Children
Full Dentures	...	...	52	3
Partial Dentures—				
Plastic	...	...	30	80
Virilium	...	...	14	12
Repairs	...	...	5	21
Crowns	...	...	—	5
Removable Ortho. Appliances			—	280
Record Models	...	...	—	491

Dental Technicians Course

The Laboratory has been enlarged and is now able to accommodate all the pupils attending the classes without discomfort.

In May, ten students attempted the Intermediate Examination of the London City and Guilds in Dental Technology and five were successful. Mr. J. N. Harrington, the Chief Technician who gives all the technical and practical instruction to the pupils, was successful in the Final Examination.

The Course has now been divided into three classes, two of them studying for the Final Examination and the third for the Intermediate.

The School Dental Service

Routine Inspection and Treatment

Approximately half the school population in the County were given a routine inspection during the year and 67% of these were referred for treatment, this being a decrease of 4% on the percentage referred for 1952.

2,485 school entrants of the age of 5 were given an initial routine examination and of these it was found that 527 had naturally sound teeth and 344 had been rendered sound by previous dental treatment, showing that approximately 35% of the children entering school were dentally fit. On the other hand it was found that of 1,809 school leavers inspected, 893 or approximately 49% were dentally fit. This proportion is tragically low

but at least shows that whilst at school the dental condition of the child tends to improve. If more time could be spent on educating the parents in dental hygiene then perhaps the acceptance rate among the school entrants would be higher and children would enter the schools needing less treatment. However, it is hoped to engage an oral hygienist during 1954 and she should be very helpful in this respect. Nevertheless mothers have been showing a greater interest in their children's teeth in some parts of the County as instanced at Falmouth where 478 school entrants were inspected and 373 mothers who attended with them were given short talks on oral hygiene and on their children's dental condition.

Considering the average amount of treatment needed per patient it was found that whereas the number of fillings required had increased, the number of teeth to be extracted and the other operations necessary were slightly less. This would seem to indicate that routine inspection and subsequent treatment are now having the desired effect if only in slight measure.

The acceptance rate for treatment has risen from 58% in the previous year to 65% and as routine inspections become more frequent and the children get to know the dental staff it will no doubt show a further rise. Two of the Dental Officers have interesting remarks to make on the actual signing of the Acceptance Form. The Dental Officer for the Torpoint—Saltash area remarks that if the children are entrusted with their Acceptance Form to take home to the parents, one wonders in some cases whether the parents ever receive them. The Dental Officer for the Launceston—Bude area in rather stronger terms states that some of the children who refuse treatment persuade their parents to write 'No' on the Form, whilst others sign the Form themselves.

Orthodontia

It has again been found that a greater number of persons require orthodontic treatment than can be treated by the Service and only persons actually requesting, or in urgent need of treatment are now accepted.

162 sessions have been spent on the treatment of 304 patients, 96 of whom have been rendered dentally fit. The treatment of 55 patients was discontinued mainly because of lack of co-operation.

General Anaesthetics

Three of the staff attended a week's post-graduate course in dental anaesthetics at the Eastman Dental Hospital, London, and I would stress here how essential it is for the person administering a general anaesthetic to be conversant with, and to have had practical experience of, the latest methods in the administration of these anaesthetics.

323 children have had teeth extracted under a general anaesthetic.

Mothers and Young Children Dental Service

Although the proportion of time spent on this Service is small compared with that spent on the School Dental Service it is no less important.

It is pleasing to be able to report that approximately twice as many mothers requested treatment as in the previous year. Slightly more pre-school children were also brought to the clinics for dental inspection from the age of 2 years onwards but it is very disappointing that more mothers do not bring their young children—one of the results being that, as previously stated, only 35% of children entering the schools are dentally fit.

The following table shows the work done under this heading:—

Mothers and Young Children Dental Service

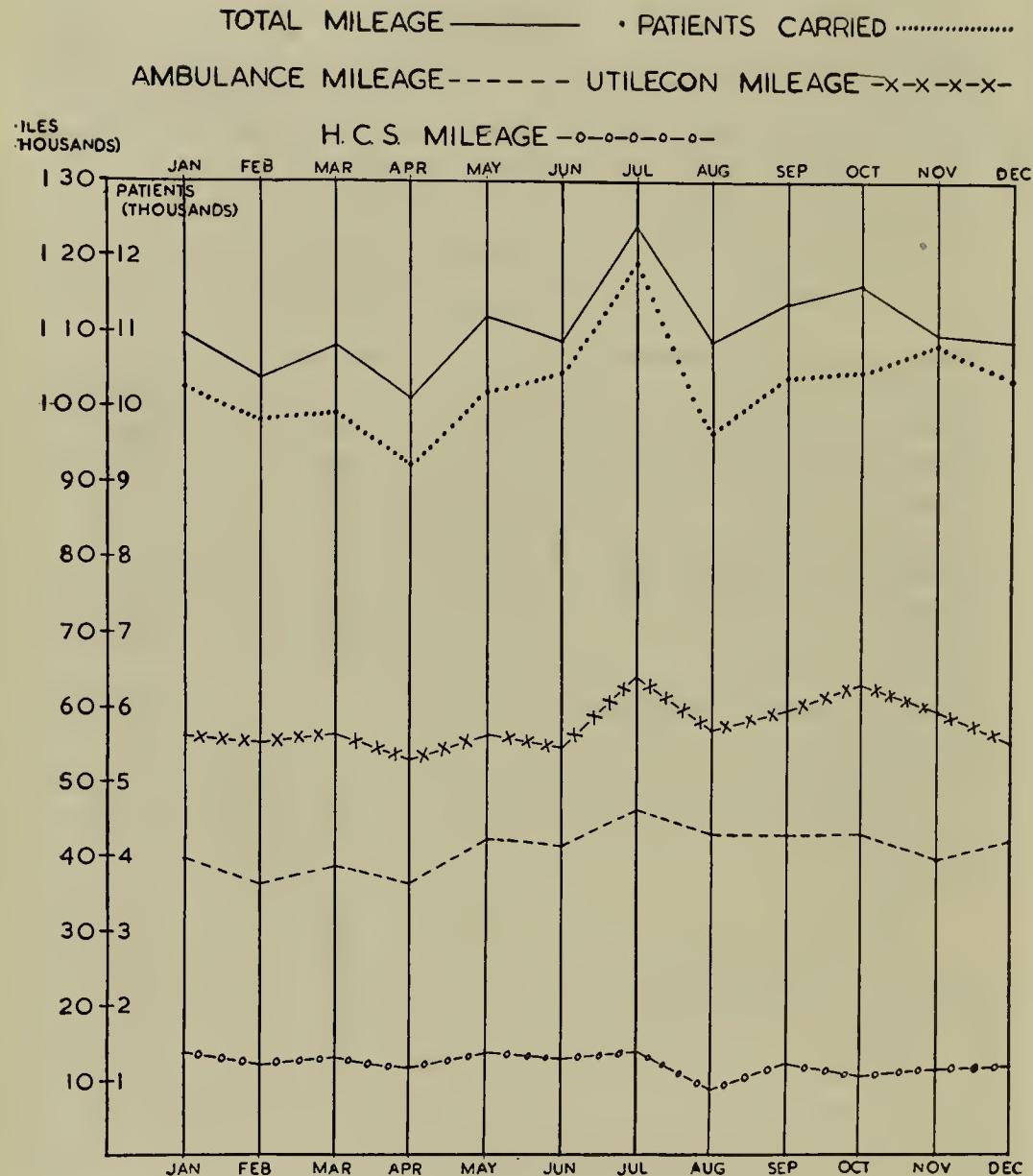
Dental Inspection and Treatment		Mothers	Pre-School Children
Number Inspected ...	...	207	272
Number Requiring Treatment	...	190	257
Number Treated ...	...	178	251
Number of Attendances made for Treatment		600	448
Number made dentally Fit	...	78	148
Number of Extractions	...	460	93
Number of Fillings	...	221	190
Number of Scalings	...	22	—
Number of Teeth treated with Silver Nitrate		—	220
Anaesthetics—			
Local	...	115	77
General	...	19	11
X-Rays—			
Patients	...	11	2
Skiagrams	...	28	2
Number of Dentures provided—			
Full	...	52	—
Partial	...	44	—

AMBULANCE SERVICE

REPORT OF THE COUNTY AMBULANCE OFFICER

The graph opposite shows the total number of patients carried and miles travelled by the three branches of the Service (Ambulance, Utilecon and Hospital Car Service) for the year 1953. The graph shows that the demand now made on the Service has been kept fairly steady, thanks to the co-ordination of journeys by the Control Room staff, and the co-operation of the hospitals and medical practitioners. I am glad to be able to state that since my last report the Plymouth Hospitals have agreed to appoint one officer in each hospital to be responsible for the ordering of all transport to and from that hospital.

I should like to thank all Hospital Management Committees for the way they have considered our problems, and their valued co-operation.



Vehicle Strength and Replacement

The County Fire Brigade Engineer and the County Ambulance Officer decided after a complete survey of the Ambulance Fleet, to recommend the replacement of five utilecon ambulances only.

Maintenance and Servicing

The County Fire Service has continued to service and mechanically maintain the fleet of ambulance vehicles, and the Service Vans visited all stations regularly.

Inter-Hospital Transport

In connection with the transport of geriatric patients between Plymouth Hospitals and Lamellion Hospital, Liskeard, reciprocal arrangements have been entered into by the County Council with the Plymouth City Council

whereby no charge is made by either Council for the conveyance of such patients by ambulance on return journeys.

The Plymouth City Council have agreed to provide an Ambulance to convey the Obstetrician and Midwife from the South Devon and East Cornwall Hospital for urgent maternity cases in Cornwall. The County Council has agreed to reimburse the Plymouth City Council for the use of their ambulances for the transport of urgent maternity cases to Plymouth from Cornwall, following attention from the Plymouth Obstetrical Flying Squad.

Ambulance Stations

No new stations have been built, but we have entered into an agreement to take over a portion of the Cornwall Agricultural Executive Committee's depot at Gloweth, Truro. The accommodation acquired and the space available lend themselves to future adaptation, and accommodation for a good station to be maintained on the site.

Long Distance Transport		1952	1953
No. of patients carried in Ambulances and Utilecons	...	331	277
No. of patients carried by rail (omitting patients for whom the County Council did not pay fares)	...	129	153

Voluntary Manning

During the year the Voluntary personnel at Country Centres transported 2,901 patients, travelling 93,820 miles, thanks to the keenness of the St. John Ambulance Brigade and the British Red Cross Society.

Service Statistics

During 1953, the Service transported 123,703 patients and travelled 1,326,014 miles. During 1952 the total number of patients carried was 123,137, and 1,357,499 miles were travelled. The 1953 figures show an increase of 566 in the number of patients carried, but a decrease of 31,485 in the number of miles run.

AMBULANCE SERVICE		1952	1953
No. of patients carried ...	...	35,993	34,030
No. of miles travelled ...	...	501,264	489,523

UTILECON SERVICE

No. of patients carried ...	...	71,540	79,420
No. of miles travelled ...	...	628,932	690,386

HOSPITAL CAR SERVICE

No. of patients carried ...	...	15,604	10,253
No. of miles travelled ...	...	227,803	146,105

Hospital Car Service

The Hospital Car Service continues to function as an integral part of the Ambulance transport arrangements of the County.

In November, 1953, a new experiment was tried in the No. 5 Health Area (Wadebridge) whereby it was arranged that instead of utilecons going to remote pick-up points for patients living in rural areas, these cases should

be collected by Hospital Car Service drivers and brought in to one central collecting point where they would be transferred to a utilecon and taken on the long run to the treatment centre. This service benefits numbers of patients, in that they avoid long days and long-distance runs, travelling with other patients over miles of rural County, but it is too early to say what effect this will have on the cost of the County Ambulance Service. It is hoped to extend this experiment to the remainder of the County early in 1954.

Radio Call-Out

Since February, 1953, the use of the Radio-telephone system has been concentrated in the Redruth Area. The vehicles based at Redruth and fitted with receiving apparatus number 4 and there is one ambulance at Falmouth and a utilecon at the Lizard which are also fitted.

At the outset it was stressed that there might be no saving in expenditure as a result of the installation of the system and indeed from a point of view of saving money by actual diversion of the vehicles this opinion has been justified. The numbers of diversions made is about 6 per month and the mileage saved is only about 60. Lives may be saved by these diversions, but of money, very little is saved.

The existence of the radio-telephone system has, however, saved money in a roundabout way, the details of which are not easy to set out and should be followed with care from the following table:—

Quarter	Total Miles	Vehicles		Patients		Total Patients	*Hours station was un-covered.
		Amb.	Utilec.	Amb.	Utilec.		
March 1953	45,233	5	4	2,073	4,049	6,122	2½
March 1954	48,021	4	5	1,908	5,094	7,002	7
June 1954	50,132	4	5	2,276	4,864	7,140	6½

*The figures in this column are in respect of one given fortnight in each quarter.

It will be seen from the Table that in March 1953, the station was uncovered for some hours, and it was felt that to provide any less Ambulances would have reduced the ambulance cover for the station to a dangerous level. The fifth ambulance, therefore, had to be maintained and staffed by two men, and in order to make the most use of the Service it was sometimes used to carry sitting cases on journeys during which it could easily have been contacted in an emergency (e.g. it carried a number of sitting patients from a clinic to the Chest Hospital a journey of some 20 minutes duration with a telephone at either end). The patients so carried were recorded as "ambulance" patients with the result shown in the first line of the Table.

In September 1953 an ambulance driver resigned and the Area Medical Officer recommended that, with adjustments to the vehicle strength; the vacancy need not be filled. The adjustments requested were that the fifth ambulance be replaced by a fifth utilecon provided the utilecon was driven by a male driver and not by a female driver as was then the custom. When asked why he recommended reducing the ambulance cover by one vehicle

and bringing it within the danger limit he replied "I have the Radio-telephone."

The change was made and the effect is immediately apparent in line 2 of the Table. Note the change in the balance of patients between ambulances and utilecons and note also the period of lack of cover, a period which, without radio-telephone would have been too dangerous to be tolerated. Note, too, that in June 1954 more patients and more miles are required of the Service and although the uncover period for the given fortnight has not increased, it is being maintained and may yet increase.

The capital cost of the Radio-telephone system was £1,150 and the annual cost of maintenance and running is £220. The cost to the service of each ambulance driver, his wages, insurance, clothing etc. is roughly £400 per annum. Thus the non-replacement of a driver in September 1953 means that by September 1954, not only will the annual cost of running the system have been saved, but a contribution of roughly £180 will have been made towards the capital cost.

The following tables set out in detail the amount of work undertaken by each component of the service, in each of the seven Health Areas of the County:—

Ambulance Service

Area	Number of Patients Carried				No. of Journeys	Mileage
	Accidents	Emergency	Others	Total		
Penzance	197	306	4,924	5,427	3,181	53,285
Redruth	212	783	7,736	8,731	4,406	79,726
Truro	232	518	5,527	6,277	5,698	82,602
St. Austell	305	836	3,472	4,613	2,506	77,025
Wadebridge	110	243	1,736	2,089	974	49,917
Launceston	103	614	1,109	1,826	1,118	67,692
Liskeard	155	618	4,294	5,067	2,367	79,276
	1,314	3,918	18,798	34,030	20,250	489,523
	—	—	—	—	—	—

Utilecon Service

Area	Number of Patients Carried				No. of Journeys	Mileage
	Accidents	Emergency	Others	Total		
Penzance	8	1	7,686	7,695	2,953	56,851
Redruth	6	—	18,428	18,434	5,779	122,811
Truro	15	16	16,786	16,817	8,974	151,719
St. Austell	21	36	10,869	10,926	2,442	103,169
Wadebridge	1	—	5,991	5,992	1,064	72,451
Launceston	—	4	9,346	9,350	989	103,948
Liskeard	2	3	10,201	10,206	1,377	79,437
	—	—	—	—	—	—
	53	60	79,307	79,420	23,578	690,386
	—	—	—	—	—	—

Hospital Car Service

Area				Total	Number of	
				Patients	Journeys	Mileage
Penzance	...	...	...	830	241	5,755
Redruth	...	...	...	557	225	6,221
Truro	...	...	...	1,444	541	14,823½
St. Austell	...	...	...	2,727	894	15,832
Wadebridge	...	...	...	878	435	18,403
Launceston	...	...	...	834	359	22,484½
Liskeard	...	...	...	2,983	1,159	52,586
				—	—	—
				10,253	3,845	146,105
				—	—	—

The total number of emergency and accident calls dealt with by the Service during the year was 5,345, making an average of one accident or emergency call every 98 minutes.

EPIDEMIOLOGY AND PREVENTIVE MEDICINE

A survey of the work of this Department is given below, and in Table III at the end of the Report will be found the number of infectious diseases notified in each Sanitary District in the County during the year. In Table IV, is given the total number of cases notified in recent years.

It will be noted that the County was comparatively free from Poliomyelitis and, of the cases reported, the majority were mild. A severe outbreak of measles occurred in early summer in all 6,391 cases being reported, which is the highest total since the disease became notifiable in 1939. Attention is drawn to two notable advances in preventive medicine, namely the introduction of combined Whooping Cough and Diphtheria Prophylaxis for infants throughout the County, and B.C.G. Vaccination against tuberculosis in school children in two Health Areas of the County. Details of the work will be found in the appropriate sections.

I have continued to act on behalf of the Regional Hospital Board; as Medical Superintendent of the County Isolation Hospital, for the purpose of correlating and expediting admissions. Clinical duties at the hospital are shared between my Deputy and a Consultant of the Regional Hospital Board, and in this way I am kept in the closest touch with the prevalence and severity of infectious diseases in the County.

Diphtheria

8 confirmed cases occurred during the year, of whom 2 were children. Of these 8 cases only one had been immunised, and in this case the course of immunisation had not been completed.

The following table shows the immunisation state of the child population at the end of the year.

Number of children at 31st December, 1953, who had completed a course of Immunisation at any time before that date (i.e. at any time since 1st January, 1939)

i.e. Born in Year	1953	1952-1949	1948-1944	1943-1939	Total
Age at 31.12.53	Under 1	1—4	5—9	10—14	Under 15
Last complete course of injections (whether primary or booster)					
A 1949—1953 ...					
288	12,453	14,563	10,696	38,000	
B 1948 or earlier ...					
—	—	7,298	4,858	12,156	
C. Estimated mid-year child population ...					
4,600	19,340	46,900		70,900	
Immunity Index (100A/C) ...					
6.2	64.4	53.9		53.6	

From this it will be seen that, after making due allowance for the facts:—

- (a) that at the year-end only one-third of the children under one have attained the age of eight months, at which age diphtheria immunisation is normally given, and
- (b) that at ages 10—14 the Immunity Index depends upon booster inoculations having been given and that where this has not been done within the last five years, some residual protection remains from inoculations given more than five years previously, nevertheless, the Immunity Index cannot be regarded as satisfactory.

This applies with particular force to the 10—14 age-group, and is largely due to the marked fall which has occurred over the last three years, as the following figures show, in the number of children given booster doses to maintain their immunity.

Year	No. of children given booster inoculations
1951	... 8,030
1952	... 7,008
1953	... 5,148

I would again emphasise that the proportion of children immunised must be maintained at about 75%, or diphtheria will return as the cause of much unnecessary suffering and death.

Dysentery and Food-Poisoning

These two conditions are continually with us in Cornwall, and form an unnecessary menace to the welfare of the community. The type of dysentery

which is endemic in the County is very mild. Nevertheless, it leads to much loss of time, both in work and school. The number and distribution of notified cases of these two diseases over the past 5 years is shown in the following table:—

Year	Area I	Area II	Area III	Area IV	Area V	Area VI	Area VII	Total														
	Dysentery	Food Poisoning																				
1949	—	10	7	—	—	5	—	5	31	—	—	—	—	7	38	27						
1950	3	8	1	—	—	1	1	11	22	67	—	—	—	—	—	27	87					
1951	21	2	27	3	7	—	8	4	14	26	—	—	—	5	1	82	36					
1952	—	23	1	11	4	12	2	1	12	14	—	—	—	1	7	20	68					
1953	—	12	10	27	2	2	4	—	3	—	—	—	—	3	19	44						
Totals																						
1949-53									24	55	46	41	13	20	15	21	82 107	— —	6	18	186	262

The distribution is very uneven. It will be noted that Area V supplies 45% of cases of dysentery and 40% of cases of food-poisoning in the whole of the County in the five years under consideration. This uneven distribution probably reflects nothing more than the standard of notification prevailing in the Area, so far as food-poisoning is concerned. The high incidence of dysentery, however, is almost entirely due to the presence in the Area of St. Lawrence's Hospital, Bodmin.

Prevention depends primarily on personal hygiene and food hygiene. In dysentery and in certain forms of food-poisoning, unless adequate treatment is given, the infected person tends to carry the organism in the alimentary canal for some weeks after clinical recovery. In consequence, it is better that cases should be admitted to the County Isolation Hospital in order to ensure that treatment is continued until the stools are normal.

Enteric Fever

No cases of typhoid fever were reported during the year, but two mild cases of paratyphoid fever occurred, one in Penzance and one in West Penwith.

Measles

An extensive outbreak of measles affecting the whole County, occurred in the spring and early summer. In all, 6,391 cases were reported which is the greatest number since the disease became notifiable in 1939, other years of heavy incidence being 1951 (5,813 cases) and 1940 (4,492 cases). Three of the cases in 1953 developed measles encephalitis, a severe complication in

which the virus spreads to involve the brain; these were admitted to the County Isolation Hospital, and all made a satisfactory recovery.

Meningococcal Infections

Two cases of meningococcal meningitis were notified during the year. Both made a satisfactory recovery.

Poliomyelitis. Thirty confirmed cases of poliomyelitis were notified during the year, three of which proved fatal. Six of the cases contracted the disease outside the County. Two minor epidemic areas developed, namely Bude area (7 cases) where the disease has been endemic over the past four years, and Helston—Camborne, an area which was free from poliomyelitis during 1952, but suffered fairly heavily in the previous two years.

The number of notifications during 1953 is, to some extent, misleading. Under the Public Health (Acute Poliomyelitis, Acute Encephalitis, and Meningococcal Infection) Regulations, 1949, which came into operation on 1st January, 1950, special provision is made for the notification of non-paralytic poliomyelitis, and this has made medical practitioners increasingly aware of non-paralytic cases.

The change is reflected in the following table of notifications in the County over the past 7 years. It will be noted that 16 of the 30 cases notified in 1953 were non-paralytic.

INCIDENCE OF POLIOMYELITIS
(Corrected Notifications)
1947—53.

Year	Cornwall			Eng. & Wales Rate per 1,000
	Total Cases	Par lytic Cases	Rate per 1,000	
1947 ...	32	—	0.11	0.18
1948 ...	18	—	0.06	0.04
1949 ...	110	—	0.35	0.14
1950 ...	98	82	0.29	0.18
1951 ...	36	31	0.11	0.06
1952 ...	21	19	0.06	0.09
1953 ...	30	14	0.09	0.11

The table also shows that although Cornwall escaped the full force of the 1947 epidemic, in subsequent years the notification rate for the County has been considerably above that of England and Wales except in 1952 and 1953.

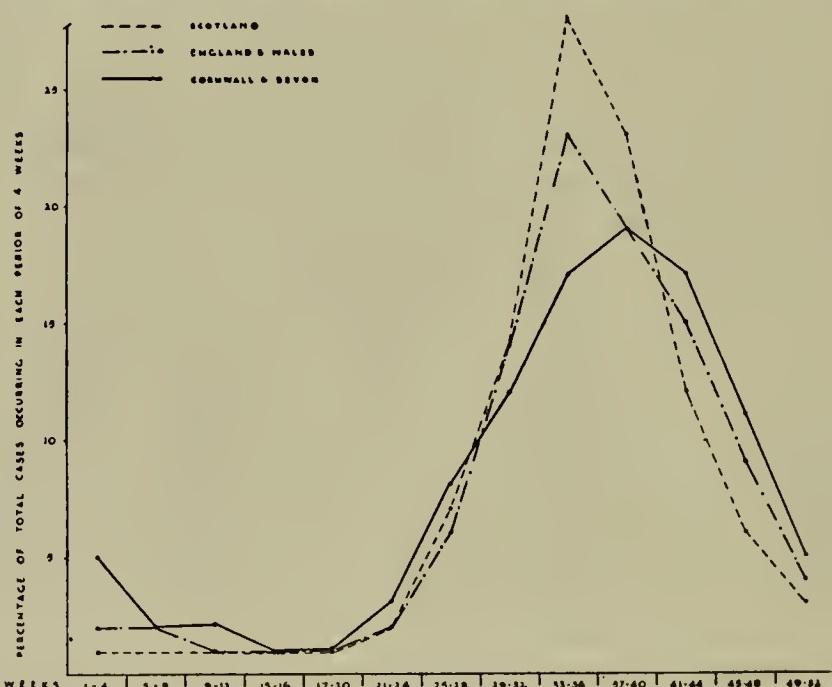
Two possible explanations of this exceptional prevalence in Cornwall are worthy of consideration, (i) Importation of the virus by summer visitors, and (ii) Climatic conditions.

(i) The epidemic season for poliomyelitis is August and September, and it is in these two months that the population of the County is more than doubled by visitors. If the high rate of poliomyelitis in the County is due to summer visitors bringing with them the virus from other regions, one would

expect to find a high incidence in holiday resorts scattered around the coast rather than in other towns. An analysis on these lines has been carried out for the years 1947—52, but there was no significant difference in incidence between the two groups of towns. Furthermore, details of all imported cases (i.e. those developing poliomyelitis within a week of arrival in Cornwall) are available, and in the years 1947—52 they totalled 21. In only one instance did a second case of poliomyelitis occur within a period of three months in the same town as the imported case. In this instance a second case occurred one month later, but no connection could be traced with the imported case.

(ii) Assuming that poliomyelitis is an intestinal disease, spread by poor personal hygiene, flies, etc., one would expect its seasonal incidence to be governed by prevailing weather conditions. The accompanying graph shows how the seasonal incidence in Cornwall in the years 1947—1951 differed from that in England and Wales and in Scotland.

Uncorrected notifications of poliomyelitis in 4-weekly periods, 1947—51.



(Reprinted with permission from British Journal of Preventive and Social Medicine, Vol. 7, No. 4, October, 1953).

In Scotland, where the season of warm weather is comparatively short, 28% of notifications occurred in the 33rd—36th week period. In England, only 23% occurred in that period and in Cornwall, only 16%. The curve for Cornwall is flatter than either of the others, and the poliomyelitis season begins a little earlier and lasts a little longer into the autumn and winter. These few extra weeks, during which weather conditions are suitable for dissemination of the virus, may well account for the high incidence in the County.

Acute Rheumatism

Acute Rheumatism in persons under 16 years of age was made a notifiable disease in Cornwall on the 1st October, 1950, the regulations to remain in force for three years. In October, 1953, the Minister decided to renew the regulations for a further period of three years. Other Local Authorities in which Acute Rheumatism is a notifiable disease are as follows: — Lincoln, Parts of Lindsey, the county boroughs of Bristol, Grimsby, Kingston-upon-Hull, Lincoln, Salford and Sheffield, and the borough of Ilford.

The following table shows the annual incidence in Cornwall since 1950:—

Year	Total Notifications	Classified		Classified	
		Non-Rheumatic	Rheumatic	Rheumatic	Rheumatic
1950	31	5		26	
1951	30	5		25	
1952	17	1		16	
1953	16	2		14	

These figures represent the total incidence of rheumatic fever, the actual number of cases notified being far less as the majority of cases appear to be found by the School Medical Officers. The drop which has occurred in the incidence of the disease over the past four years in Cornwall, is a reflection of the well recognised national trend. Although the number of cases is small, acute rheumatism is still a disease which leads to lifelong cardiac debility, unless the child is given adequate treatment in the early stages. In consequence, I am fully in agreement with the Minister of Health in continuing the notification regulations. All cases coming to my notice, either by notification or through the School Medical Officers, are (with the consent of the general practitioners) referred to a Consultant Physician for treatment.

The following Table, based upon that required by the Rheumatic Fever Committee of the Medical Research Council, shows the classification of cases reported during 1953:—

Clinical Classification of Case Notified	Age in Years				Total		Total				
	0—4		5—9		10—14		15 over		all ages	both Sexes	
	M	F	M	F	M	F	M	F	M	F	
1. Rheumatic Pains and/or Arthritis without heart disease ...	—	—	—	2	2	1	—	—	2	3	5
2. Rheumatic Heart Disease (active)											
(a) Alone	...	—	—	—	—	2	—	—	—	2	2
(b) with polyarthritis ...	—	—	—	—	2	1	2	—	4	1	5
(c) with chorea ...	—	—	—	1	—	—	—	—	1	—	1
3. Rheumatic Heart Disease (Quiescent) ...	—	—	—	—	—	—	—	—	—	—	—
4. Rheumatic Chorea (alone) ...	—	—	—	—	—	1	—	—	—	1	1
Total Rheumatic Cases	—	—	1	2	4	5	2	—	7	7	14

Clinical Classification of Case Notified	Age in Years								Total all ages	Total both Sexes
	0—4		5—9		10—14		15 over			
5. Congenital Heart Disease	—	—	—	—	—	—	—	—	—	—
6. Other non-rheumatic Heart Disease or disorder	—	—	—	—	—	—	—	—	—	—
7. Not Rheumatic or Cardiac Disease	—	—	1	—	—	1	—	—	1	1
Total Non-Rheumatic Cases	—	—	1	—	—	1	—	—	1	1
	—	—	—	—	—	—	—	—	—	2

Tuberculosis

At the end of the year there were 2,304 cases of tuberculosis on the notification register, an increase of 179 over the previous year. This figure includes 368 cases notified during the year, as compared with 328 cases notified in 1952.

The following table shows the new cases notified and the mortality from tuberculosis during 1953.

Age Period	New Cases Notified						Deaths			
	Respiratory			Non-Respiratory			Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F	M	F
0—1	—	—	1	—	—	—	—	—	—	1
1—5	5	4	3	2	—	—	—	—	3	3
5—15	11	12	9	11	1	2	—	—	—	1
15—45	85	104	12	15	5	3	—	—	2	1
45—65	45	17	8	3	20	8	—	—	—	—
65 and over	14	4	2	1	17	2	—	—	—	2
	160	141	35	32	43	15	—	—	5	8
	301	67	58	—	—	—	—	—	13	—
	368	—	71	—	—	—	—	—	—	—

The table below shows the changes which have taken place in the mortality from respiratory tuberculosis and other forms of tuberculosis, during recent years:—

Year	CORNWALL				CORNWALL				ENGLAND & WALES			
	Number of Deaths			All	Death Rates			All	Death Rates			
	Respira-	Other	All	Forms	Respira-	Other	All	Forms	Respira-	Other	All	Forms
1934	214	43	257	—	0.68	0.14	0.82	—	0.61	0.13	0.74	—
1935	154	49	203	—	0.49	0.15	0.64	—	0.59	0.11	0.70	—
1936	159	45	204	—	0.51	0.14	0.65	—	0.56	0.11	0.67	—
1937	168	28	196	—	0.55	0.09	0.64	—	0.56	0.11	0.67	—
1938	150	44	194	—	0.49	0.14	0.63	—	0.52	0.10	0.62	—
1939	147	33	180	—	0.48	0.10	0.58	—	0.52	0.10	0.62	—
1940	169	41	210	—	0.51	0.12	0.63	—	0.56	0.11	0.67	—
1941	156	44	200	—	0.42	0.12	0.54	—	0.57	0.13	0.70	—
1942	142	35	177	—	0.41	0.10	0.51	—	0.50	0.11	0.61	—
1943	155	46	201	—	0.47	0.14	0.61	—	0.51	0.10	0.61	—
1944	132	29	161	—	0.41	0.09	0.50	—	0.47	0.10	0.57	—
1945	136	42	178	—	0.43	0.13	0.56	—	0.47	0.09	0.56	—
1946	132	39	171	—	0.41	0.12	0.53	—	0.45	0.08	0.53	—

Year	CORNWALL			CORNWALL			ENGLAND & WALES		
	Respiratory	Other	All	Respiratory	Other	All	Respiratory	Other	All
	Forms	Forms		Forms	Forms		Forms	Forms	
1947	138	28	166	0.43	0.09	0.52	0.46	0.08	0.54
1948	112	32	144	0.34	0.10	0.44	0.44	0.07	0.88
1949	127	23	150	0.38	0.07	0.45	0.40	0.05	0.45
1950	108	18	126	0.32	0.05	0.37	0.32	0.04	0.36
1951	85	16	101	0.25	0.05	0.30	0.27	0.04	0.31
1952	77	9	86	0.23	0.03	0.25	0.21	0.03	0.24
1953	58	13	71	0.17	0.04	0.21			0.20

Since the end of the war, great strides have been made in the treatment of tuberculosis. New drugs have become available and, as a result, the death rate has been halved during the past five years. Unfortunately, the same trend is not discernible in the incidence of the disease.

The following table shows the new notifications of tuberculosis in Cornwall during 1946—1953:—

New Notifications of Tuberculosis

Year	RESPIRATORY			NON-RESPIRATORY			ALL FORMS		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
1944	144	78	222	20	17	37	164	95	259
1945	132	80	212	17	17	34	149	97	246
1946	122	76	198	10	16	26	132	92	224
1947	110	72	182	15	13	28	125	85	210
1948	145	107	252	17	18	35	162	125	287
1949	141	121	262	27	20	47	168	141	309
1950	143	99	242	22	7	29	165	103	271
1951	139	108	247	25	34	59	164	142	306
1952	165	110	275	20	33	53	185	143	328
1953	160	141	301	35	32	67	195	173	368

It will be noted that, the number of new notifications is tending to rise. This may be due, in part, to the better services available since the end of the war and to the use of mass radiography, but we must not be lulled into a false sense of security. The new drugs are very powerful and can arrest the disease, even in an advanced stage, but it is too early yet to know whether such cases remain arrested or whether subsequently they become sufficiently active to disseminate the disease to others.

The two most important measures for prevention still remain the isolation of the known cases so long as they remain infectious and the finding of the new cases. However successful the treatment may be, the need for such treatment is an admission of the failure of preventive measures. It is amongst the contacts of the known case that our efforts must be concentrated. Only when we can say that every known case in the area has been traced to source, the case and the source rendered non-infectious and the contacts protected, are we justified in extending our search to the population at large.

The following table shows the work carried out at contact clinics during 1952—1953:—

Cornwall — 1952-1953

Contact Investigation

		Age Groups				All ages	Annual rate per 1,000 population
		0-5	6-15	16-25	26-35	36+	
NEW CASES							
Cornwall	...	14	52	175	161	276	678 0.99
England and Wales	...					44,525	1.01
CONTACTS							
Total known	Cornwall	...	327	423	319	270	649 1,988

							Contacts per notified case
		Cornwall	...	England and Wales			
Total examined	...	325	383	259	231	344 1,542	2.3
...	...					145,049	3.2
Not examined at 31.12.53	Cornwall	...	12	21	29	7 141	120
Refused examination	...	Cornwall — No. %	11 3.4%	13 3.1%	31 9.7%	30 11.1%	149 22.9% 234 11.8%
New Cases found	...	Cornwall (a) (b)	13 1:25	13 1:29	26 1:10	14 1:16	15 1.23 81 1.19
Refused examination	...	England and Wales (c) (b)	...	...	...	...	4,066 1.35
Probable number of cases in contacts not examined	...	Cornwall	...	1	1	6	2 13 23

(a) Total number (b) Ratio to contacts examined

							2% of contacts
		Cornwall	...	England and Wales			8% of contacts
Mantoux Testing	...	Number tested	296	380	189	103 26	994
Cornwall	...	%age POSITIVE	28%	47%	69%	100% —	49% 504
B.C.G. Vaccinated	...	Number negative	214	200	59	14 —	— 446

It cannot be stated that the figures are altogether satisfactory. In Cornwall, only 2.3 contacts per notified case were examined in the years in question, whereas the corresponding figure for England and Wales in 1952 was 3.2. This discrepancy may partly be due to the fact that many people other than contacts e.g. public health nurses and entrants to the teaching profession, attend at Contact Clinics to be x-rayed and are included in the England and Wales figures.

More serious is the position in regard to the older age-groups. It will be noted that of contacts of 36 years of age or over, only a little over half (55%) are being examined.

During the two years in question, 70 new cases were found at contact clinics, but it is probable that a further 20 cases would have been found if all contacts had been persuaded to attend the clinics.

MASS RADIOGRAPHY

It is an unfortunate fact that despite all our efforts, the source of infection in the majority of cases is not found. In a series of cases followed up recently at a Harrow Tuberculosis Clinic, the source of infection was traced in only 37%, the remaining 63% having acquired infection from an unknown source. It is estimated that the unknown infectious cases in England and Wales number some 34,000 (known infectious cases on Tuberculosis Registers number 27,000) and it is in our search for these that mass radiography is most useful.

During the year the following work was carried out in the County by the Mass Radiography Unit:—

Number of Persons X-rayed

	Males	Females	Total		
Adults	4,055	2,222	6,277		
Schoolchildren	2,124	2,041	4,165	...	10,442

Age and sex analysis of newly discovered significant cases of tuberculosis

	Under 15	15—24	25—34	35—44	45—59	60+	Totals
Males	3	11	7	8	5	1	35
Females	4	12	3	3	4	—	26
Totals	7	23	10	11	9	1	61

Of these 61 cases, 17 or 1.6 per 1,000 were found to have active disease.

Preventive Measures in School Children

In 1950, the Minister of Health was approached for permission to extend the use of B.C.G. Vaccination to school leavers throughout the County, but the Minister was rightly adamant that no such extension could be considered until he was assured that every known susceptible contact, who

was willing, had been given the vaccine. In the Autumn of 1952, we were able to give this assurance and permission was granted to extend the scheme to include school children of over 14 years, in two of the County Health Areas. The work was started in 1953, the procedure being briefly as follows:—

An explanatory letter to parents, incorporating a form for parental consent and space for the name of the family doctor, is distributed to parents of children in their 14th year at both County and private schools through head teachers. Completed forms are returned by head teachers to the County Medical Officer together with the names of any children who have failed to return the form. A B.C.G.4. Record Card is made out for each child, a single Mantoux test (100 I.U.) is carried out on the children at their school by the School Medical Officer or a Tuberculosis Health Visitor, and three days later negative reactors are vaccinated by the Chest Physician or Assistant County Medical Officer, the general policy being for the Chest Physician to do the work in the large central schools and the Assistant County Medical Officer in the rural areas.

The child's general practitioner is notified of all Mantoux positive reactors and also of those vaccinated; he is informed that unless he hears to the contrary, he may assume that Mantoux conversion has taken place.

The following table shows the result of the work carried out in the Penzance and Truro Health Areas:—

Health Areas I & III — Tuberculin Testing and B.C.G. Vaccination of School Children (13th Year)

Type of School	No. Available	Mantoux Test			No. B.C.G. Vaccinated	No. Tested	Converted	Post Vaccination Mantoux Test No.	No. Absent
		No. Tested	Number Tested	Negative %					
County Grammar	783	507	374	.74	372	317	315	55	
County Secondary	720	490	352	.72	336	270	255	66	
All-Age Primary	496	337	255	.76	247	161	156	86	
Private	511	397	267	.67	266	250	246	16	
Technical and Art	51	48	24	.50	22	—	—	—	
Totals	2,561	1,779*	1,272	.71	1,243	998	972	223	

It will be noted that in Nos. 1 and 3 Health Areas, 1,243 school children were vaccinated against Tuberculosis. Of these children, approximately 1,000 were followed up with a further skin test some 2—3 months after vaccination and Mantoux conversion had taken place in 97%.

*296 children in Area I were found to be Tuberculin Jelly Test Positive and were, therefore, not Mantoux tested.

Whooping Cough

Of the common infectious diseases affecting children, whooping cough is now the most important in that it causes both the highest subsequent morbidity and the heaviest mortality. The following table gives the notifications and the mortality in Cornwall over the last 5 years of the more important infectious diseases which affect young children.

Year	Whooping Cough		Diphtheria		Scarlet Fever		Measles	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
1949	641	1	3	—	214	—	3,569	1
1950	729	1	16	1	263	—	668	—
1951	1,485	4	10	1	311	—	5,813	3
1952	421	5	11	3	284	—	1,041	1
1953	1,211	—	8	—	236	—	6,391	1
	4,487	11	48	5	1,308	—	17,482	6

Investigations carried out by the Medical Research Council in 1951 on the use of prophylactic vaccines against whooping cough proved most promising. More than 8,000 children were included in the trials, the attack rate ratio between the protected and unprotected being 1.46. Moreover, of the children who developed whooping cough, the disease was mild in 73% of the protected as opposed to only 24% of the unprotected.

In November, 1952, permission was obtained from the Minister of Health to offer protection against whooping cough to children in Cornwall. The vaccine is combined with diphtheria prophylactic and has been well received. It is given in 3 inoculations at monthly intervals, the first being given at the age of 6 months.

CARE AND AFTER-CARE

Tuberculosis

The environmental circumstances of each newly notified case of tuberculosis are reported upon by a Health Visitor unless the medical practitioner indicates that he does not wish the patient to be visited. The Health Visitor arranges for the patient and contacts to attend at the nearest dispensary, where the report is available to the Chest Physician.

If a domiciliary visit is necessary, this is arranged by the Health Visitor. The Chest Physician refers appropriate cases to the National Assistance Board, issues any certificates required, (e.g. for the exclusion of a child from school), and advises the Health Area Office of any such action taken by completing a report form which is forwarded with the report on home conditions and also contains any recommendations the Chest Physician may wish to make regarding re-housing, the loan of a shelter, bed or bedding, or the grant of extra nourishment, etc.

Recommendations for after-care are made on purely clinical grounds and the decision whether it should be provided by the County Council is made by the Assistant County Medical Officer after investigation of the financial circumstances of the patient.

The closest co-operation between the Health Area Office and the National Assistance Board ensures that everything possible is done to secure the social and physical welfare of patients and their families through the financial assistance of the Board and the after-care service of the County Council.

The Chest Physicians, who are responsible for the treatment of tuberculosis, are concerned also with preventive and care work, and are accordingly appointed jointly by the Regional Hospital Board and the County Council.

The nursing of patients in their own homes is undertaken by the County Council's District Nurses and nursing requisites are available from the nurses' loan cupboards.

In addition to the liaison with the National Assistance Board referred to above, close co-operation is maintained with Welfare Officers and with the Children's Officer, who has done invaluable work in arranging for the care of children of tuberculous parents who would be exposed to considerable risk of infection if allowed to remain in their own homes; for the temporary care of children to facilitate the institutional confinement of the mother where this has been necessary for medical or environmental reasons; and in many other directions where the duties of the Children's Department are related to the work of the Health Department.

Workshops and Settlements

The County Council has undertaken financial responsibility for the training of 5 patients in Village Settlements.

Other Types of Illness

Health Visitors undertake a great deal of work in visiting patients notified by hospital almoners as needing follow-up and arrange for the provision of the services available from both statutory and voluntary sources.

HEALTH EDUCATION

Health education, which plays a very important part in preventive medicine, has made steady progress during the year. By informing the public of those factors which favour or prevent disease, and also of those which influence physical, mental and social health, much unnecessary illness could be avoided. Few people appreciate their health until it is lost, and far too often a sub-standard of health is accepted. Health visitors and district nurses who visit those who are ill and those recovering from sickness, have

the advantage of seeing such people when their attitude toward health is most receptive for health teaching.

It has been proved that group teaching is more effective, and has better results than individual talks or lectures, and this form of health education is being introduced into mothercraft classes. Small groups of mothers take an active part in the discussion and draw their own conclusions (guided by the health teacher). These conclusions are much more likely to be put into practice than are instructions given by a lecturer.

It is still necessary to stress that health is a very positive thing, and more than the mere absence of disease. The necessary effort to achieve health is well worth while from a personal point of view, as well as from an economic one.

Health education is carried out mainly by doctors and nurses on the staff. Good use is made of the cine-projector, film strip projectors, posters, pamphlets and flannel graphs. Many attractive demonstrations have been made by health visitors to illustrate their teaching. Visual aids are memorable and are especially useful in health education.

The variety of topics and wide scope of the work is shown by the following lists:—

To Mothercraft Classes and Child Welfare Centres

Breast feeding	Prevention of home accidents
Weaning	Safe and Dangerous toys
Balanced diets	Care of poisons
Food values	Contents of medicine cupboard
Benefits of vitamins	Fire Prevention
Milk in toddlers' diets	Care of Scalp
Correct handling in bottle feeding	Care of feet
Layette	Care of skin
Make do and mend	Care of teeth and nails
The healthy baby	Vaccination and Immunisation
Healthy motherhood	Whooping cough
Preparation for labour	Poliomyelitis
Pelvic anatomy	Flies
Physiology of labour (birth atlas)	Prevention of colds
Relaxation exercises	Rats
Diet in pregnancy	Summer diarrhoea
Gas and Air Analgesia	Summer health hints
Basis of happy Marriage	Sleep
Healthy living	Fresh Air
Fear and how to overcome it	Bathing baby
Habit training	Post Natal care
Care of feeding bottles	Pasteurisation of Milk
Correct breathing	

To School Children

Mothercraft	Home Safety
Care of hair	Road Safety
Care of hands	Health Services
Care of teeth and nails	Posture
Feet and footwear	Sleep
Personal hygiene	Handkerchiefs
Food cleanliness	Fresh Air
Eating dinners	First aid and home nursing
Child development	Family budgets
Elementary anatomy and physiology	

Other Organisations

(Women's Institute, St. John Ambulance Brigade, British Red Cross Society, Toc H, Parent-Teacher Associations).

Blood transfusion	Home nursing and first aid
Care of elderly sick	Infectious diseases
Prevention of tuberculosis	Health of the school child
Child Welfare Centres as part of the National Health Service	
Home care of a sick child	How Women's Institute Members can help in Public Health
Public Health	Life after Forty
Home safety	Clean food
Family budgets	Furnishing the home.
Parentcraft	

MENTAL HEALTH**1. Administration****(a) Committee**

The constitution of the Mental Health Sub-Committee remains unchanged, comprising 16 members of the Health Committee of the County Council, 11 of whom are elected County Councillors. Four meetings have been held during the year at quarterly intervals.

(b) Staff

The staff engaged in the work of the Mental Health Service is shown at the beginning of this report. It will be remembered that in my survey of the staffing of the Mental Health Service included in my Annual Report for 1952, I gave an outline of the proposals for the future, based on the amalgamation of the field work of Mental Health and Welfare. During the year two Mental Health/Welfare Officers have been appointed from the ranks of the Duly Authorised Officers, and have been responsible for the day to day work of Lunacy, Mental Deficiency and Welfare in their respective Areas. In addition these Officers have been undertaking some

after care work of patients discharged from Mental Hospitals. This system has worked well in practice, although it is possible that the case load of the larger of the Areas is becoming rather too heavy for one Officer to handle, and some modification of administration may be necessary.

In the other five Areas of the County the Duly Authorised Officers remain as Chief Clerks in the Health Area Offices, and are not officially engaged in any other Mental Health work apart from initial proceedings under the Lunacy and Mental Treatment Acts and a limited amount of after care. In practice, however, these five Officers are being brought into close touch with Mental Deficiency field work, and it is probable that they will all become Mental Health/Welfare Officers responsible for all field work in their own Areas during 1954. The female Mental Health Worker, who is now undertaking much of the work of statutory supervision, will then be free to do selected work with female patients throughout the County.

The Senior Mental Health Worker exercises a general oversight of the Mental Health field service throughout the County, and is responsible for the administrative work centrally, whilst the County Psychiatrist devotes 50% of his time to Mental Health Clinical work and 50% to the Child Guidance Service of the Education Committee. A Psychiatric Social Worker, who was originally appointed on the same basis, has been forced to devote almost her entire time to the work of an expanding Child Guidance Service.

In view of the changing arrangements for the field work of Mental Health in Cornwall, considerable thought has been given to the training of Officers. A further step has been taken during 1953 with the organisation of a local course on Mental Deficiency. The Senior Mental Health Worker gave a series of talks on the legal and social aspects of the work, and lectures were given by the Senior School Medical Officer, the Educational Psychologist, and the Matron of a Mental Deficiency Hospital. At the end of the course all Officers spent a day at the Royal Western Counties Institution, Starcross, where the medical and administrative staff were most helpful in conducting a tour of the Hospital and answering a multitude of questions.

The long term aspect of training replacements for the present Officers does give rise to a problem of serious proportions. This appears to be a National as well as a local difficulty, and at the moment staffing proposals in Cornwall do not provide for the appointment of assistant Mental Health staff.

(c) Co-ordination with Regional Hospital Boards and Hospital Management Committees

1953 has marked another year of amicable relationships between the County Council, the South Western Regional Hospital Board and the local Hospital Management Committees. Liaison with the Royal Western Counties Institution regarding admission of patients and supervision of patients on licence has been most satisfactory, at least from my viewpoint and the medical

and lay staff of this Hospital Group have been, as always, most helpful. The same may be said of St. Lawrence's Hospital, Bodmin, and of the West Cornwall Hospital Management Committee. The latter body has been particularly helpful in finding the odd "Place of Safety" bed for an urgent case of mental deficiency. The South Western Regional Hospital Board has also been most co-operative in finding accommodation for mental defectives in urgent cases where vacancies were not available at the Royal Western Counties Institution.

The one point upon which I feel I must comment adversely, is the failure of the Regional Hospital Board to provide accommodation other than in a Mental Hospital for the senile patient requiring a certain amount of medical and nursing care. Far too many aged patients of this nature are being dealt with by certification under the Lunacy Acts to provide them with the care they require in the final stages of their lives, and I hope the Board will soon be able to make some alternative provision for this type of patient.

(d) Duties Delegated to Voluntary Associations

No duties connected with the Mental Health Service have been delegated to Voluntary Associations, although close co-operation is maintained with them. The National Association for Mental Health to which the County Council pays an annual subscription has been most helpful during the year.

2. Account of Work Undertaken in the Community

(a) Prevention of Mental Illness, Care and After Care

The main preventive work is carried out by the County Council's Child Guidance Service, of which a detailed account appears in my report as Principal School Medical Officer, and this Service has expanded rapidly during the year. After care in respect of selected patients has been carried out at the request of St. Lawrence's Hospital by the Mental Health staff, and similar guidance has been given in respect of patients discharged from Orders under the Mental Deficiency Acts.

(b) Initial Proceedings by Authorised Officers

These arrangements have been carried out by the two Mental Health/Welfare Officers and the five part time Duly Authorised Officers in a most satisfactory manner. These Officers are now in much closer contact with Mental Health work as a whole, and their wealth of local knowledge and long experience is most beneficial to all concerned. Theirs is a 24 hour service, the statutory responsibility is heavy, and many hours overtime are worked, without additional remuneration. I should like to record my appreciation of their work in the community, the value of which is not publicised and often passes unrecognised.

(c) Mental Deficiency Acts 1913—38

(i) Ascertainment and Supervision

The arrangements for the ascertainment and supervision of mentally defective children and adults have worked well throughout the year. The numbers ascertained conform to the statistics of the previous two years, and as is normal the majority of new cases were reported by the Education Authority. During the year 15 patients were discharged from supervision on account of their obvious ability to conduct themselves and their affairs quite satisfactorily without guidance from Mental Health staff.

Actual supervision was carried out by the Mental Health Worker, Mental Health/Welfare Officers and by some Duly Authorised Officers. Close liaison was maintained with Youth Employment Officers, Probation Officers and the Children's Officer of the County Council, in appropriate cases. It is very evident from the most amazing difficulties in which some patients under supervision become involved that the main task of the mental deficiency service lies in the field of supervision, guidance and assistance in the community. During 1953 two unmarried defectives under supervision gave birth to illegitimate children, and five defectives married.

(ii) Guardianship

There has been an increase of one in the number of cases under Guardianship during the year. A further increase is anticipated in view of the proposal to transfer Licence cases who are not fit for discharge after two years in the community to Guardianship. The majority of such cases would appear to necessitate the personal Guardianship of an Officer of the Mental Health Service, as I am not in favour of patients being placed under the Guardianship of their employers other than in very exceptional circumstances. Two such cases were placed under personal Guardianship during the year.

(iii) Admissions to Institutions

During 1953, 49 patients have been admitted to Institutions although this number includes 6 "Place of Safety" admissions. In addition to these figures 4 patients were afforded temporary care under the provisions of Circular 5/52, and 2 children were admitted to an approved home where they can remain until the age of 6 years. The general position regarding vacancies was much better than in 1952, although male adults of all grades are very difficult to place. The position regarding low and medium grade children has been easier, and during the year an encouraging number of outstanding cases on the waiting list were found accommodation. Courts are making much more use of the provisions of Section 8 of the Mental Deficiency Act and these cases take what vacancies are available for feeble-minded males to the detriment of the waiting list. The overall picture concerning accommodation, whilst certainly much happier, is far from ideal, as is evidenced by the list of Cornish cases awaiting admission which numbered 32 at the end of the year.

(iv) Occupation and Training

No training whatever was undertaken on an official basis during the year owing to the inability of the County Council to take steps in this direction for financial reasons. Considerable thought has, however, been given to this question, and it seems probable that a start may be made during 1954. The money which may be available will not permit the establishment of Occupation Centres, but something on the lines of Home Teachers organising Group Centres throughout the County may be possible. There is no doubt that occupation and training for mental defectives is vitally necessary in Cornwall, on far more comprehensive lines than will be possible for a long time. Group Centres will however be a start, and can be expanded and enlarged upon as the financial stringency eases. A little voluntary training is being done in the County, and a small group of children meet on three afternoons weekly at the Infant Welfare Centre at Falmouth, where they receive training from enthusiastic voluntary workers. Several children at St. Ives also receive training at the home of a retired Special School Headmistress. These voluntary efforts are most praiseworthy, and I hope are the start of training on a much larger scale.

Mental Health Statistics at 31st December, 1953

(The figures in brackets indicate the numbers at 31.12.1952).

1. Mental Patients

(a) Admissions during the year by Duly Authorised Officers.

Name of Hospital	Certified		Voluntary		Temporary		20.		21.		Section 11 or 21.		Section 20.		Total		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
St. Lawrence's																	
Hospital	55	120	60	92	1	1	—	4	7	11	123	228					
Bodmin.	(60)	(122)	(47)	(85)	(2)	(5)	(—)	(2)	(6)	(6)	(115)	(220)					
Moorhaven																	
Hospital	—	1	3	1	—	1	—	—	—	—	3	3					
Devon	(—)	(—)	(1)	(2)	(—)	(—)	(—)	(—)	(—)	(1)	(1)	(3)					
	55	121	63	93	1	2	—	4	7	11	126	231					
	(60)	(122)	(48)	(87)	(2)	(5)	(—)	(2)	(6)	(7)	(116)	(223)					
Total admissions during 1953 by Duly Authorised Officers ...												357					
												(339)					

(b) Admissions of Cornish Patients during the year from all sources.

Name of Hospital	Certified M. F.	Voluntary M. F.	Temporary M. F.	Total M. F.
St. Lawrence's				
Hospital	55 120	191 284	1 2	247 406
Bodmin.	(60) (122)	(148) (240)	(2) (5)	(210) (367)
Moorhaven				
Hospital, Devon	— 2 (—) (—)	30 31 (25) (24)	— — (—) (—)	30 33 (25) (24)
	55 122 (60) (122)	221 315 (173) (264)	1 2 (2) (5)	277 439 (235) (391)
Total admissions during 1953 of Cornish Patients				... ... 716 (626)

(c) Number of Cornish Patients in Hospitals at 31st December, 1953.

Name of Hospital	Certified M. F.	Voluntary M. F.	Temporary M. F.	Total M. F.
St. Lawrence's				
Hospital,	402 548	78 119	— —	480 667
Bodmin.	(409) (568)	(91) (145)	(—) (1)	(500) (714)
Moorhaven				
Hospital, Devon.	4 5 (4) (5)	8 8 (8) (4)	— — (—) (—)	12 13 (12) (9)
	406 553 (413) (573)	86 127 (99) (149)	— — (—) (1)	492 680 (512) (723)
Total of Cornish Patients in Hospitals on 31.12.1953 ...				... 1,172 (1,235)

(d) Admissions of Cornish Patients aged 70 years and over to Mental Hospitals during the year. (These figures are included in the numbers given under (b)).

Name of Hospital	Certified M. F.	Voluntary M. F.	Temporary M. F.	Total M. F.
St. Lawrence's				
Hospital	18 44	16 20	1 —	35 64
Bodmin	(26) (55)	(14) (23)	(—) (—)	(40) (78)
		Total	... ...	99 (118)

2. Mental Deficiency

(a) Number of new cases reported during the year.

How Reported	M.	F.	Total
(1) Notified by the Education Committee:—			
Education Act, 1944.			
(a) Section 57(3)	10 (14)	9 (13)	19 (27)
(b) Section 57(4)	— (—)	— (—)	— (—)
(c) Section 57(5)	18 (14)	10 (10)	28 (24)
(2) Reported from other sources and ascertained as Mental Defectives	12 (14)	10 (10)	22 (24)
Totals	40 (42)	29 (33)	69 (75)

(b) Cases residing in the Community.

Type of Case	M.	F.	Total
(1) Under Statutory Supervision ...	258 (258)	226 (224)	484 (482)
(2) Under Friendly Supervision ...	11 (10)	14 (12)	25 (22)
(3) Under Guardianship ...	5 (4)	8 (8)	13 (12)
(4) On Licence from Institutions, but supervised by County Council (these figures also included in Table (e)).	6 (5)	9 (13)	15 (18)
Totals	280 (277)	257 (257)	537 (534)

(c) Cases awaiting admission to Institutions.

Classification	M.	F.	Total
(1) Over the age of 16 years.			
(a) Idiots	3 (1)	1 (1)	4 (2)
(b) Imbeciles	7 (4)	1 (—)	8 (4)
(c) Feeble-minded persons ...	4 (8)	3 (1)	7 (9)

(2) Under the age of 16 years.

(a) Idiots	...	...	...	5	3	8
				(2)	(2)	(4)
(b) Imbeciles	...	...	...	3	2	5
				(11)	(7)	(18)
(c) Feeble-minded persons	...	—	—	—	—	—
				(1)	(—)	(1)
Totals		22		10		32
		(27)		(11)		(38)

(These figures include 2 males and 2 females of idiot grade under the age of 16 at present in an Approved Home, where they can remain until they reach the age of 6 years).

(d) Admissions to Institutions during the year.

Name of Institution	Mental Deficiency Acts, Sections		Mental Deficiency Acts, Section 15		Total	
	6, 8, or 9 M.	F.	M.	F.	M.	F.
Royal Western Counties	13	14	—	1	13	15
Hospital Group	...	(7) (10)	(1) (—)	—	(8) (10)	—
Other Institutions	...	13 3 (5) (2)	5 (4) (1)	—	18 (9) (3)	3
Totals	...	26 17 (12) (12)	5 1 (5) (1)	—	31 18 (17) (13)	—
Total admissions during 1953					... 49 (30)	—

(In addition to these figures 1 male and 1 female patient were admitted to an Approved Home, and 1 male and 3 females to temporary care under Circular 5/52).

(e) Cases in Institutions (Including Licence Cases)

Name of Institution	M.	F.	Total
Royal Western Counties Hospital	162	145	307
Group	(147)	(134)	(281)
Other Institutions	75 (73)	33 (42)	108 (115)
Cases in other Institutions in "Place ... of Safety" accommodation ...	4 (4)	1 (—)	5 (4)
Totals	241 (224)	179 (176)	420 (400)

BLIND AND PARTIALLY SIGHTED PERSONS

There is a still further increase in the number of blind persons registered from 906 in 1952 to 932 in 1953. This increase is mainly in elderly people. More than two thirds (68%) of the blind population are over 64 years. There were 138 new patients registered, of whom 107 were over 64 years old.

Information regarding the admission of persons to the register of the blind, or of the partially sighted is available on special forms (B.D.8) 176, such forms were received during the year. 138 persons were admitted to the blind register, 28 to the register for partially sighted, and 8 were not blind within the Act. Two persons were transferred from the partially sighted to the blind register.

In many people blindness is caused by cataract or glaucoma, both of which diseases are amenable to treatment. As a large proportion of persons throughout the country affected by these diseases have had no treatment for their condition, the Minister of Health has asked that a summary of these cases should be given, and also a report on any follow-up action taken in such cases:—

Follow-up of Registered Blind and Partially Sighted Persons

	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(i) Number of cases registered during year in respect of which para. 7(c) of Forms B.D.8 recommends:—				
(a) No treatment	41 Blind 10 P.S.	15 Blind 2 P.S.		40 B. 4 P.S.
(b) Treatment (medical surgical or optical)	3 M. 14 S. 3 O.	9 M. 3 S.	2 Educational	18 M. 1 S. 3 O.
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	3 M. 3 S. 1 O.	6 M. 1 S.	—	14 M. 1 S. 1 O.
M—Medical S—Surgical O—Optical B—Blind				

Of the 20 cases of cataract for whom treatment was recommended 7 had treatment, 2 were too ill for treatment, 2 died, 3 are awaiting beds in hospital, 3 deliberating (disinclined to have treatment), 1 refused treatment, 2 cataracts not yet mature.

12 cases of glaucoma were recommended for treatment. Of these 8 were treated, 2 died, 1 awaiting bed and 1 refused to have treatment.

There were 2 cases of retrolental fibroplasia registered. This is a disease to which premature babies are liable. Both these babies were premature—one born in Cornwall and the other was born outside the county. These babies will probably go to special schools when they are older.

22 patients suffering from other eye disease were recommended for treatment. 17 of these were treated, 3 are awaiting a bed, 1 died and 1 refused treatment.

4 cases of ophthalmia neonatorum were notified. All were mild infections and recovered without loss of vision.

Ophthalmia neonatorum

(i) Total number of cases notified during the year	...	4
(ii) Number of cases in which:—		
(a) Vision lost	...	—
(b) Vision impaired	...	—
(c) Treatment continuing at end of year	...	—

There is an increasing demand for residential accommodation for the aged blind. In 1949 the Home for the Blind at Malabar was opened with accommodation for 21 residents. Building extensions to this Home were started during the year and are now nearing completion. It is hoped to provide accommodation for 10 extra blind persons.

The promotion of the welfare of blind persons, which is the duty of the County Council under the National Assistance Act 1948, continues to be carried out very satisfactorily by the Cornwall County Association for the Blind. A clause in the Act permits the County Council to delegate this work to the Voluntary Association which has been caring for the blind for many years.

There are 6 home teachers, 5 sighted and 1 blind. These teachers pay regular visits to the blind in their homes and elsewhere, and help them to overcome the effect of their disability. They teach Braille or Moon reading to those who wish to learn. There is a National Library for the blind to which the County Council pay a per capita subscription. There are 53 blind readers in the County. Home teachers also teach simple pastime crafts and assist in the marketing of these goods. They also help the blind to avail themselves of social services to which they are entitled. Social clubs, outings and handicraft classes are arranged by home teachers.

Under the Welfare Scheme newly blind persons can be sent to a Centre for social rehabilitation.

There are 17 blind home workers in the county who are under supervision by the Bristol Royal Blind Asylum Workshops.

Age Period	Age Groups of Blind Persons			Age at which Blindness Occurred		
	Males	Females	Total	Males	Females	Total
0 ...	1	—	1	28	35	63
1 ...	—	1	1	—	—	—
2 ...	—	1	1	2	—	2
3 ...	—	—	—	2	1	3
4 ...	—	—	—	—	—	—
5—10 ...	3	2	5	11	13	24
11—15 ...	5	1	6	5	6	11
16—20 ...	1	4	5	10	5	15
21—30 ...	10	13	23	16	26	42
31—39 ...	17	14	31	26	18	44
40—49 ...	24	26	50	39	54	93
50—59 ...	48	54	102	56	77	133
60—64 ...	42	31	73	28	60	88
65—69 ...	39	61	100	24	65	89
70 and over	166	368	534	106	215	321
Unknown	—	—	—	3	1	4
Totals ...	356	576	932	356	576	932

New cases registered during the year:—

Age Period	Age Groups			Age at Onset		
	Males	Females	Total	Males	Females	Total
0—1 ...	1	1	2	1	2	3
2—4 ...	—	—	—	—	—	—
5—10 ...	—	1	1	—	1	1
11—15 ...	—	—	—	—	—	—
16—20 ...	—	—	—	—	—	—
21—30 ...	—	1	1	—	—	—
31—39 ...	3	—	3	3	—	3
40—49 ...	1	2	3	1	3	4
50—59 ...	7	4	11	9	5	14
60—64 ...	3	7	10	4	8	12
65—69 ...	4	7	11	4	9	13
70 and over	36	60	96	32	54	86
Unknown	—	—	—	1	1	2
Totals ...	55	83	138	55	83	138

Blind Children under 16 years:

		Males	Females	Total
1. Age under 2	... ...	1	1	2
2. Age 2—4+				
Educable	... ...	—	1	1
Ineducable	... ...	—	—	—
		1	2	3
		—	—	—

3. Age 5—15+

Educable

Attending Special School for the Blind

(i) Blind with NO other defects ...	4	3	7
(ii) Blind WITH other defects ...	—	—	—
Not at School			
(i) Blind with NO other defects ...	1	—	1
(ii) Blind WITH other defects ...	—	—	—
	—	—	—
	5	3	8

Ineducable

In M. D. Institutions

(i) Blind	2	—	2
(ii) Blind with multiple defects ...	—	—	—

At home or elsewhere

(i) Blind	—	—	—
(ii) Blind with multiple defects ...	1	—	1
	—	—	—
	3	—	3
	—	—	—
Total children	9	5	14
	—	—	—

Education, Training and Employment (Age periods 16 years and upwards)

		Males	Females	Total
1. At School				
Age Group 16—20	—	2	2	
2. Undergoing Training	2	—	2	
3. Employed				
(a) In Workshops for the Blind ...	2	1	3	
(b) As approved Home Workers ...	12	5	17	
All others not included in (a) or (b) ...	28	3	31	
	—	—	—	
Total employed	42	9	51	
	—	—	—	
4. Unemployed				
		Males	Females	Total
Not training but trainable	1	—	—	1
Not available for Employment:				
Age group 16—59	27	53	80	
Age group 60—64	17	16	33	
Not capable of work:				
Age group 16—59	38	49	87	
Age group 60—64	22	14	36	
Not employed over 65	198	428	626	
	—	—	—	
Total unemployed	303	560	863	
	—	—	—	
Grand Total	347	571	918	
	—	—	—	

Occupations of Employed Blind Persons:

	Within Work-shops for the Blind	In approved Home Workers Scheme	Others not Pastime workers	Total
Agents Collectors, etc.	...	—	1	1
Agricultural Workers	...	—	5	5
Basket Workers	...	1	5	6
Braille Copyists	...	—	1	1
Brush Makers	...	1	—	1
Chair Seaters	...	1	—	1
Clerks and Typists	...	—	3	3
Dealers, Tea Agents, News-agents, Shopkeepers	...	—	5	5
Domestic Workers	...	—	1	1
Home Teachers	...	—	1	1
Labourers	...	—	1	1
Machine Knitters	...	—	5	5
Masseurs and Physiotherapists	—	—	1	1
Mat Makers	...	—	1	1
Ministers of Religion	...	—	3	3
Newsvendors and Hawkers	—	—	1	1
Piano Tuners	...	—	5	5
Poultry Keepers	...	—	1	2
Telephone Operators	...	—	2	2
Miscellaneous	...	—	5	5
	—	—	—	—
	3	17	31	51
	—	—	—	—

Physically and Mentally Defective and Mentally Disordered Blind Persons (All ages)

			Males	Females	Total
(a) Mentally Disordered	...	...	4	7	11
(b) Mentally Defective	...	...	6	6	12
(c) Physically Defective	...	...	45	72	117
(d) Deaf without Speech	...	...	—	1	1
(e) Deaf with Speech	...	...	3	3	6
(f) Hard of Hearing	...	...	23	26	49
Combination of (a) and (c)	...	...	1	—	1
Combination of (b) and (c)	...	...	3	1	4
Combination of (c) and (d)	...	...	—	1	1
Combination of (c) and (e)	...	...	1	1	2
Combination of (c) and (f)	...	...	4	5	9
	—	—	90	123	213
	—	—	—	—	—

Blind Persons age 16 and upwards resident in:—

Residential accommodation provided
under Part III of the 1948 Act
(viz. Sect. 21)—

			Males	Females	Total
(a) Homes for the Blind	...	...	9	23	32
(b) Other Homes	...	...	4	7	11
Other Residential Homes	...	...	—	8	8
Mental Hospitals	...	...	5	7	12
Mental Deficiency Institutions	...	...	3	3	6
Other Hospitals	...	...	5	10	15
			—	—	—
			26	58	84
			—	—	—

(2) Partially Sighted Persons

A partially sighted person is one who is not blind within the meaning of the National Assistance Act, 1948, but who is, nevertheless, substantially and permanently handicapped by congenitally defective vision, or in whose case illness or injury has caused defective vision of a substantial and permanently handicapping character. "Partial Sight" has a corresponding meaning.

Particulars of the 99 persons for the year 1952 on the register are given in the following Tables. These people are entitled to the services and facilities provided for Blind Persons:—

Age Groups of Partially Sighted Persons

	M.	F.	T.
0— 4	...	...	1
5—15	...	...	9
16—20	...	...	3
21—49	...	...	3
50—64	...	...	1
65 and over	...	...	18
	—	—	—
Total	35	64	99
	—	—	—

Cases newly Registered during the Year

Age at Date of Registration

	M.	F.	T.
0— 4	...	...	1
5—15	...	...	1
16—20	...	...	—
21—49	...	...	—
50—64	...	...	4
65 and over	...	...	9
	—	—	—
Total	11	17	28
	—	—	—

During the year 1 partially sighted person was removed from the register due to improved visual acuity and 9 were transferred to the Blind Register.

The register is kept in four main classes:—

- A. Prospective Blind—Persons (other than children) who are near blind or likely to become blind and to need the full range of blind welfare services.
- B. Industrially Handicapped—Persons (other than children) whose principal needs are likely to be met by proper placement in industry.
- C. Requiring Observation—Persons (other than children) whose defect is neither industrially nor socially a serious handicap and whose vision may or may not deteriorate.
- D. Children—All such children under the age of 16 as are referred to in paragraph 16 of Circular 150/48.

CLASS A

Persons Near and Prospectively Blind

	M.	F.	T.
Unemployed:			
Available for			
capable of work ...	1	—	1
Not available for			
or capable of work	8	24	32
	—	—	—
Total	9	24	33
	—	—	—

CLASS B

Persons Mainly Industrially Handicapped:

	M.	F.	T.
Employed	1	6	7
Undergoing Training ...	1	—	1
Unemployed but			
Available for and cap- able of Training or			
Work	1	—	1
Not Available or Cap- able of Work ...	1	2	3
	—	—	—
Total	4	8	12
	—	—	—

CLASS C

	M.	F.	T.
Persons requiring observation only	11	26	37

CLASS D

Children 5—16:

Educable

At special schools	...	4	3	7
At other schools	...	3	1	4
Not at school	...	2	—	2
Ineducable	...	—	2	2
		—	—	—
Total		9	6	15
		—	—	—

Children over 16:

Still at School	1	—	1
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DEAF AND DUMB PERSONS

I am indebted to Miss Una Potter, B.A., B.D., S.Th., the County Missioner to the Deaf and Dumb, for the following report on the work of the County of Cornwall Association for the Deaf and Dumb:—

Visiting

All the deaf (and/or dumb) in the County have been visited, except in the area 15 miles round Plymouth, which comes under the Plymouth Mission. This involved a considerable amount of travelling as many deaf are scattered at a distance, 3 at Bude, 1 near Launceston, 2 at Land's End, 5 in the Liskeard area, etc. The aged and infirm have been visited in their homes and in the Barncoose Hospital, Sedgemoor Priory and Lamellion Hospital. The visiting of those who are isolated by sickness or distance is an essential part of the work. The mental deaf have been visited in St. Lawrence's Hospital, Bodmin, and the sick in St. Austell, Truro and Penzance Hospitals. Though most of the deaf who have been educated in deaf schools can lip-read and have some speech, they are not all very proficient in lip-reading, nor have they intelligible speech if they have never heard. They are also handicapped by lack of language. The visits of the Missioner give the deaf the opportunity to express themselves freely by signs if they wish, and the relatives in the home or staff in hospital can be helped by the Missioner's advice and interpretation. In the course of the year, 5 deaf and dumb people were discovered who had not been educated and were, therefore, not able to go out to work. Three are under 21. One of these has had regular weekly lessons from the Missioner, and has made some progress in speech, lip-reading, reading, writing and arithmetic. She has recently started work.

Interpreting

The Missioner has interpreted at Hospitals, Labour Exchanges and Police Courts during the year. Although many of the deaf can lip-read and have some speech, mistakes are frequently made through misunderstanding of words and misreading of the lips. It is therefore essential in

matters of importance to have an efficient interpreter who understands deaf and hearing people.

Clubs

Clubs are held at 3 centres, St. Austell, Camborne and Penzance. Sunday services with speech, finger-spelling and signs are held at these centres and at Truro. Indoor games e.g., billiards, darts and table games are provided at the clubs. On club nights and on Sunday evenings for an hour after service, the deaf have the opportunity for "conversation" among themselves and to discuss current affairs or their own problems with the Missioner. Parties were provided at Christmas at St. Austell and Camborne by a grant from the committee. There were present 20 at St. Austell and 30 at Camborne. There was also a party at Camborne for children on holiday from deaf schools, at which 14 deaf children were present with the parents. Transport was provided where necessary. There was an outing of 26 deaf to Exeter and a grant made by the committee towards the expenses of a coach, made it possible for 26 deaf from Hayle, Camborne, Truro and St. Austell to attend the rally of the deaf of Devon and Cornwall at Torquay. There was also a visit to Holman's at Camborne, where two of the deaf men work.

Numbers of deaf under the care of the Association in January 1954:—

		M.	F.	Total
0—16	...	19	10	29
16—65	...	43	—	43
16—60	...	—	50	50
over 65	...	6	—	6
over 60	...	—	13	13
		—	—	—
		68	73	141
		—	—	—

Cases newly registered during the year:—

		M.	F.	Total
0—16	...	2	5	7
16—65	...	1	4	5
		—	—	—
		3	9	12
		—	—	—

Classification of those on the register:—

Men between 16 and 65

Regular Employment	...	...	...	...	34
Casual Employment	...	...	...	...	2+
Sick or in Hospital	...	...	...	...	3
Mental Hospitals	...	...	...	...	2
Uneducated	...	...	...	...	1
In prison	...	...	...	...	1

+ 1 is mentally retarded, the other has poor sight.

Women between 16 and 60

Married	...	...	...	...	...	...	16
Regular Employment	...	...	...	...	...	...	9
Housekeeper to father	...	...	...	...	...	...	4
Helping at home	...	...	...	...	...	...	5
Sick or in hospital	...	...	...	...	...	...	4
Blind	...	...	...	...	...	...	2
Uneducated or backward	...	...	...	...	...	...	5
Mental Hospitals	...	...	...	...	...	...	5

Average attendance at clubs:—

St. Austell	...	10
Camborne	...	10
Penzance	...	4
Truro	...	5 (Bible Class only)

EPILEPTICS

For the year 1953, the information with regard to the incidence of epilepsy in the County is somewhat meagre but a register is being compiled in accordance with Circular 26/53 of the Ministry of Health of those seriously handicapped by epilepsy and it is hoped to present a more accurate picture at the end of 1954.

It is estimated that the incidence of epilepsy for the Country as a whole is at least 2.0 per 1,000 of the population and on this basis, there would be approximately 680 persons suffering from epilepsy in the County of Cornwall. This figure would include, of course, all persons subject to this complaint from the very mild case to the one who has constantly recurring bad epileptic fits. It is estimated that there are approximately 100 persons in the County who are seriously handicapped by epilepsy, of these:—

5 children are in special schools

4 adults are registered with the Cornwall Committee for the Care of Cripples, and are receiving the benefits of occupational therapy
10 were maintained by the County Welfare Committee during 1953 in Colonies as follows:—

5 — Chalfont Colony, Bucks.

1 — David Lewis Manchester Epileptic Colony

1 — Lingfield Epileptic Colony

2 — Meath Home for Epileptics

1 — St. Teresa's Home, Mullion

In addition, the Welfare Authority have a number of epileptics in their residential Homes and Establishments and others are patients in the various hospitals in the County. Many are, of course, still in their own homes and plans are being made for the systematic visitation of those who are willing to receive visitors, so that help can be given where required, either in the way of occupational therapy which is provided through the

Cornwall Committee for the Care of Cripples or in other ways as the health and home conditions of the patient suggest.

Usually patients are referred to a Consultant Clinic by their own general practitioner. A general physical examination is made, as a routine practice to exclude any actual organic lesion. Where education in special schools or treatment in a colony is indicated, the patient is referred to the School Health Department or the Welfare Officer as the case may be. In this connection, liaison is good, and the waiting period for admission is negligible. In fact, at the end of 1953, there was no waiting list.

CEREBRAL PALSY

There is no precise information as to the incidence of or the number of people suffering from Cerebral Palsy (spastics) in Cornwall. The School Health Department have records of 35 spastic children and it is believed that the number of persons seriously handicapped by cerebral palsy in the County is between 100—150. A register is being compiled of these cases and it is hoped during 1954 and succeeding years to enlarge and extend the field of service (as in the case of epilepsy).

At the end of 1953, there were 5 children having home tuition, 4 were in special schools and 5 were awaiting admission. There are 11 spastic adults registered with the Cornwall Committee for the Care of Cripples and they are having occupational therapy.

The Officers of the Health Department are in close and constant touch with the Disablement Resettlement Officer of the Ministry of Labour and National Service. Cerebral palsy presents particularly difficult problems because there is often a mental as well as a physical handicap. From a welfare point of view, the significance of these differing forms of disability is the need for differing types of training, whether for handicrafts or employment, and it is hoped to develop the welfare services to assist the sufferer to lead as normal a life as his capacities, when fully developed, will allow.

LABORATORY FACILITIES

Dr. F. D. M. Hocking at the Royal Cornwall Infirmary, Truro, Pathological Department, continues to carry out the chemical analysis of water, sewage effluent samples, etc. which is beyond the scope of the free service provided by the Public Health Laboratory Service.

Specimens of water and food, etc. are sent to the Laboratory of the Public Analyst.

INSPECTION AND SUPERVISION OF FOOD

REPORT OF CHIEF INSPECTOR UNDER THE FOOD AND DRUGS ACT

During the year 2,114 samples of food and drugs were taken, 48 of these were certified by the Analyst as unsatisfactory.

The total number taken includes 277 samples of milk submitted informally to the Department and obtained at the schools of the Cornwall Education Authority. These samples have proved to be a source of valuable information to the Sampling Officers.

The following is a summary of the number of samples taken:—

No. of Samples	Submitted for Analysis by the P.A.		
	Informal	Genuine	Adulterated
2,114	1,507	558	48

A complaint was investigated that a member of the public had purchased sugar, which on being used with various hot beverages and in food for a baby, had resulted in violent illness in various members of the purchaser's family. The sugar was found on analysis to contain 5.43 per cent of Epsom Salts. The circumstances surrounding the custody of the sugar after the sale were such as to render legal proceedings unlikely to succeed.

More attention has been paid to the milk being sent by the various producers to milk factories and many samples have been taken at the place of delivery and in transit. The previous practice was to procure such samples only at the request of the factory, but it is believed that this changed method of sampling will help to reduce the over-large percentage of adulterated milk. One series of samples revealed 50 per cent. of water and the offender was severely dealt with by the magistrates.

Considerable difficulty was experienced with a farmer who was supplying a dairyman with watered milk. The difficult feature in this case was that the farmer only adulterated the milk intermittently. The persistence of the Sampling Officer was rewarded when after taking a long series of samples the culprit was eventually brought before the magistrates and convicted.

That there was substance for another complaint was shown by the fact that the farmer against whom it was made withdrew the milk he intended to send to the factory before collection by the milk lorry, thus rendering it impossible for a sample to be taken. Due regard is being paid to this producer.

Name of Sample	Number obtained	Number certified as irregular or adulterated
Milk	1,247	43
Butter, Margarine and Fats	80	—
Ice Cream	65	2
Beer and Spirits	13	—
Cereals, flour, etc.	50	1
Vinegar, Soups, Sauces, etc.	53	—
Jam, Jelly and Sweets	68	—
Tea, Coffee and Cocoa	28	—
Sugar	13	—
Condensed Milk	7	—

Name of Samples	Number obtained	Number certified as irregular or adulterated
Mincemeat,		
Flavourings, etc. ...	28	1
Fish, Meat, Paste, etc. ...	99	1
Soft Drinks	36	—
Other Samples	50	—
	—	—
	1,837	48
	—	—

PARTICULARS OF PROSECUTIONS

Trade	Nature of Adulteration	Result
Itinerant Vendor	Selling less weight than represented (sweets)	Convicted— Fined £5.0.0.
Itinerant Vendor	Selling less weight than represented (sweets)	Convicted— Fined £5.0.0.
Itinerant Vendor	Made false representation as to weight of sweets exposed for sale	Convicted— Fined £5.0.0.
Itinerant Vendor	Hindering Inspector	Convicted— Fined £5.0.0.
Coal Carter	Carrying coal for sale other than in quantities prescribed	Convicted— Fined £1.5.0.
Coal Carter	Carrying coal for sale other than in quantities prescribed	Convicted— Fined £1.5.0.
Coal Carter	Carrying coal for sale other than in quantities prescribed	Convicted— Fined £1.5.0.
Coal Carter	Carrying coal for sale other than in quantities prescribed	Convicted— Fined £1.5.0.
Coal Dealer	Unlabelled coal bags (4 charges)	Convicted— Fined £2.0.0. Costs £2.2.0.
Coal and Coke Merchants	Being in possession for sale of goods to which a false trade description was applied	Convicted— Fined £1.0.0.
Coal and Coke Merchants	Being in possession for sale of goods to which a false trade description was applied	Convicted— Fined £1.0.0.
Bakers and Confectioners	Being in possession for sale of a loaf of bread exceeding 10 oz. but was not 14 oz. or a multiple of 14 oz.	Convicted— Fined £2.0.0.
Bakers and Confectioners	Being in possession for sale of a loaf of bread exceeding 10 oz. but was not 14 oz. or a multiple of 14 oz.	Convicted— Fined £2.0.0.
Bakers and Confectioners	Being in possession for sale of a loaf of bread exceeding 10 oz. but was not 14 oz. or a multiple of 14 oz.	Convicted— Fined £2.0.0.
Oil Retailers	Selling goods (paraffin) to which a false description was applied	Dismissed

Trade	Nature of Adulteration	Result
Butchers	Having in possession for sale (meat) to which a false trade description was applied	Convicted— Fined £1.5.0.
Butchers	Having in possession for sale (meat) to which a false trade description was applied	Convicted— Fined £1.5.0.
Butchers	Having in possession for sale (meat) to which a false trade description was applied	Convicted— Fined £1.5.0.
Butchers	Having in possession for sale (meat) to which a false trade description was applied	Convicted— Fined £1.5.0.
Bakers and Confectioners	Being in possession for sale of a loaf of bread exceeding 10 oz. but was not 14 oz. or a multiple of 14 oz.	Convicted— Fined £1.0.0. Costs £1.15.0
Garage Proprietor	Possessing unjust petrol pump	Convicted— Fined £5.0.0. Costs £1.1.0.
Flour Packets	Gave false warranty to purchasers (Self-raising flour) (5 charges)	Convicted— Fined £10.0.0.
Grocers	Selling goods to which false trade description was applied (sago)	Withdrawn
Grocers	Selling an article of food intended for, but unfit for, human consumption	Convicted— Fined £5.0.0. Costs £7.0.0.
Producer—retailer	Selling milk containing added water	Convicted— Fined £4.0.0. Costs £2.2.0.
Farmers	Selling milk containing added water	Convicted— Fined £20.0.0.
Farmers	Selling milk containing added water	Convicted— Fined £20.0.0. Costs £10.10.0. (the costs covering both convictions)
Producer—retailer	Selling milk deficient in fat	Convicted— Fined £1.0.0. Costs £2.2.0.
Farmer	Selling milk containing added water	Convicted— Fined £1.5.0. Costs £1.1.0.
Farmer	Selling milk containing added water	Convicted— Fined £1.5.0. Costs £1.1.0.
Producer—retailer	Selling milk containing added water	Convicted— Fined £5.0.0. Costs £4.4.0.
Farmers	Selling milk containing added water (5 charges)	Convicted— Fined £2.10.0. Costs £16.16.0.
Agricultural Merchants	Exposing for sale feeding stuff without statutory statement	Conditional Discharge Costs £3.7.0.

SANITARY CIRCUMSTANCES

REPORT OF THE COUNTY SANITARY OFFICER

The following is a summary of the work carried out during the year:—

Pasteurising plants and other dairy premises inspected	...	227
Visits in relation to works of sewage disposal	...	23
Visits in relation to works of water supply	...	31
Visits to school premises	...	293
Samples of water submitted for analysis	...	170
Samples of pasteurised milk submitted for examination	...	209
Samples of school milk submitted for examination	...	272
Samples of milk submitted for biological examination	...	64
Samples of school milk submitted for analysis	...	262
Ministry Inquiries attended	...	8

MILK—SPECIAL DESIGNATIONS

Pasteurised Milk

The Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950, came into operation on the 1st January, 1951, and re-enacts, with the necessary amendments, the Milk (Special Designations) Act, 1949, and certain sections of the Food and Drugs Act, 1938, and the Food and Drugs (Milk and Dairies) Act, 1944.

The County Council, as the Food and Drugs Authority, are the licensing authority for the granting of Dealers' (Pasteurisers') licences authorising the use of the special designation " Pasteurised " in relation to milk pasteurised on the premises of the applicant, and the responsibility for the taking of samples and the inspection of premises has been placed upon the licensing authority in order to ascertain if the conditions of the licence are being and will be complied with.

Licences have been granted in respect of eleven premises throughout the county for the pasteurisation of milk. One new licence was granted during the year and one dairy ceased to pasteurise milk.

There are no premises in the county licensed for the sterilisation of milk.

Of these plants, the methods adopted for pasteurising the milk are, six by the High Temperature Short Time (H.T.S.T.) process in which the milk is retained at a temperature of not less than 161° Fah. for at least 15 seconds and immediately cooled to a temperature of not more than 50° Fah. and 5 by the Positive Holder process in which the milk is retained at a temperature of not less than 145° Fah. and not more than 150° Fah. for at least 30 minutes and immediately cooled to a temperature of not more than 50° Fah.

During the year, 227 inspections of these dairies were made and 209 samples of Pasteurised Milk taken and submitted for Phosphatase and Methylene Blue examination with the following results:—

No. of Samples	Phosphatase Test		Methylene Blue Test		Failing Both Tests
	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory	
209	206	3	206	3	0

Of these samples 3 submitted to the Phosphatase Test and 5 samples submitted to the Methylene Blue Test were rendered void.

Thirty-one samples of Pasteurised Milk were also submitted for plate count and B. Coli and 37 milk bottles and two churn rinsings submitted for sterility tests.

A number of check tests of the accuracy or otherwise of the indicating and recording thermometers have been made and resulted in many thermometers having to be adjusted or replaced.

Unsatisfactory samples are followed up and further samples taken after advice has been given on the possible cause of the failure of the sample to comply with the standard laid down. A report is made to the Area Milk Officer of the Ministry of Food of any sample failing to comply with the test and a monthly report on all samples is made to the Ministry.

The results of the examination of samples are furnished to the Managers of creameries and to the Medical Officers and Sanitary Inspectors of the district in which the creameries are situated.

Samples of Pasteurised Milk have been taken regularly by the Food and Drugs Department and of 384 samples taken during the year, the average fat content was 3.97% and non-fatty solids 8.91%.

BIOLOGICAL EXAMINATION OF MILK

During the year 64 samples of milk have been taken and submitted for biological examination as follows:—

From Bodmin Hospital Farm	...	...	...	4
From Schools and Canteens	...	...	...	18
From other sources of supply	...	...	...	42
				—
Total	...	...	...	64
				—

The samples taken from Bodmin Hospital Farm were examined for Brucella Abortus as well as for Tuberculosis. Those from schools for Tuberculosis only, and those from other sources were taken in connection with tests for "Q" Fever, but were also examined for Tuberculosis.

All samples proved to be free of tubercle bacilli and brucella organisms.

MILK IN SCHOOLS

The effort to obtain supplies of Pasteurised or Tuberculin Tested Milk, preferably in one-third pint bottles, to all schools has been continued

throughout the year. It is gratifying to note that only four schools in the County or less than 1% are receiving ungraded milk; 93.5% are receiving Pasteurised Milk and 5.4% Tuberculin Tested Milk.

The following Table shows the position at the end of the year:—

Grade of Milk		Bottled	Bulk	Total
Pasteurised	...	341	4	345
Tuberculin Tested	...	13	7	20
Ungraded	...	—	4	4
		—	—	—
No. of Schools	...	354	15	369
		—	—	—

It is with some satisfaction that I am able to report that 354 schools are now receiving milk in one-third pint bottles and only 15 schools receiving bulk milk which has to be served in beakers.

Most of the bottled milk is supplied in bottles with metal caps overlapping the lip of the bottle, the majority of suppliers having discarded the cardboard disc in favour of the more hygienic metal cap.

The 4 schools still receiving Ungraded Milk are situated in outlying areas, and it has not been possible to get delivery of Pasteurised or Tuberculin Tested Milk in bottles to these schools owing to transport difficulties. Eighteen samples of this Ungraded Milk have been submitted for biological examination and the results have proved all samples to be free of tuberculosis.

The supervision of the milk in schools scheme has been continued throughout the year by the County Sanitary Officer and 272 samples have been taken and submitted for examination with the following results:—

Grade of Milk		Satisfactory	Unsatisfactory	Total
Pasteurised	...	216	11	227
Tuberculin Tested	...	22	5	27
Ungraded	...	17	1	18
		—	—	—
All grades	..	255	17	272
		—	—	—

Of the 11 samples of Pasteurised Milk that failed to pass the necessary test, 3 failed on Methylene Blue (keeping quality), 5 on the Phosphatase Test (improperly pasteurised) and 3 on both tests.

Most of the unsatisfactory samples were taken from schools where the supplier obtains the milk in bulk and either delivers it to the school in bulk or bottles it on his own premises.

All unsatisfactory samples are investigated. In the case of Tuberculin Tested Milk the County Milk Production Officer of the Ministry of Agriculture and Fisheries is notified, and asked to investigate conditions at the farm and methods of production. Other cases are investigated by the County Sanitary Officer.

During the year, 262 samples of school milk were taken by the County Sanitary Officer and passed to the Chief Inspector of Foods and Drugs for analysis. Of these samples 260 were found to be genuine and 2 slightly deficient in fat. No action was considered to be necessary.

WATER SUPPLIES IN SCHOOLS

The water supplies at schools not being supplied from public mains has continued to receive the attention of the County Sanitary Officer throughout the year.

Where samples have proved unsatisfactory other sources have, in some cases, been sampled and tested with a view to finding an alternative satisfactory source of supply.

During the year, 172 samples have been taken from 133 schools and canteens. Of these 123 were satisfactory and 49 unsatisfactory or doubtful. These unsatisfactory samples were taken from 28 schools or canteens.

These results show some improvement in the past 4 years as shown in the following Table:—

Year	Satisfactory	Unsatisfactory	Total
1953	123	49	172
1952	105	70	175
1951	133	55	188
1950	95	66	161

The metafilter installed at one school has continued to give satisfactory results.

The results of the examination of all samples are furnished to local Medical Officers of Health and the Secretary for Education is notified of unsatisfactory samples.

Schemes of water supply submitted to the County Council in accordance with the Rural Water Supplies and Sewerage Act, 1944, are brought to the notice of the Education and Architect's Departments with a view to schools being connected to mains supplies where this is practicable.

As a result of representations made, the following works or precautions have been or are being carried out:—

Connected to mains	...	...	...	...	10
Proposed to be connected to mains	...	...	...	...	22
Mains extended to washbasins, etc.	...	...	...	...	7
Alternative sources of supply being sought	...	...	...	...	8
Wells repaired structurally	...	...	...	...	2
Pumps replaced	...	...	...	...	3
Pumps repaired	...	...	...	...	10
Collecting Chambers cleaned	...	...	...	...	9
Defective drains made good	...	...	...	...	11
Lead pipes replaced by more suitable pipes (Lead in water)	...	...	...	...	2
Sinking of new wells under consideration	...	...	...	...	1

ICE CREAM (HEAT TREATMENT) REGULATIONS, 1947

The responsibility for the registration and supervision of premises where ice cream is manufactured and sold and the duty of taking samples was placed upon the district councils and borough councils by the above Regulations which came into operation on the 1st May, 1947.

Under the Regulations there has been prescribed no legal standard of cleanliness for ice cream, but a form of Methylene Blue Test has been recommended by the Ministry of Health and this examination has, in fact, been adopted as the unofficial test. According to the quality of the ice cream four grades have been set up, numbered one to four, and the Ministry suggests that if, out of the four grades recommended, ice cream consistently fails to reach grades one and two it would be reasonable to regard this as indicating defects of manufacture or handling which call for further investigation.

The Food Standards (Ice Cream) Order 1951, prescribes that the ice cream should contain not less than 5% of fat; 10% sugar and 7½% of milk solids other than fat.

The Food Standards (Ice Cream) (Amendment) Order 1952, came into operation on the 7th July 1952, and lowered this standard owing to the shortage of milk powder and fats by prescribing that ice cream shall contain not less than 4% of fat; 10% sugar and 5% milk solids other than fat.

This Order is being administered by the Food and Drugs Department of the County Council, and 47 samples have been taken during the year, of which 45 were genuine and 2 were below standard.

The results of the samples examined for Methylene Blue are shown in the following Table:—

Local Authority	Hot Mix Grade				Cold Mix Grade				Unknown Grade				Total Samples
	1	2	3	4	1	2	3	4	1	2	3	4	
Falmouth Borough	... 77	12	3	—	4	—	1	—	—	—	—	—	97
Helston Borough	... 15	5	—	—	—	—	—	—	—	—	—	—	20
Launceston Borough	... 5	1	1	—	—	—	—	—	—	—	—	—	7
Liskeard Borough	... —	—	—	—	—	—	—	—	59	4	—	—	63
Penzance Borough	... 52	10	2	—	1	1	—	—	—	—	—	—	66
Saltash Borough	... 11	1	—	—	5	—	—	—	2	—	—	—	19
St. Ives Borough	... 16	4	2	—	1	—	—	—	—	—	—	—	23
Truro City	... 16	1	1	—	1	—	—	—	—	—	—	—	19
Bude Stratton U.D.	... 26	16	4	8	2	—	1	—	—	—	—	—	57
Camborne-Redruth U.D.	... 27	5	—	—	2	1	—	—	—	—	—	—	35
Looe U.D.	... 49	12	3	—	—	—	—	—	4	2	—	—	70
Newquay U.D.	... 36	12	1	—	—	—	—	—	—	—	—	—	49
St. Austell U.D.	... 45	3	1	—	4	—	—	—	—	—	—	—	53
Torpoint	... 35	1	—	—	—	—	—	—	—	—	—	—	36
Camelford R.D.	... 7	5	—	—	—	—	—	—	—	—	—	—	12
Kerrier R.D.	... 5	—	—	—	—	—	—	—	59	14	2	—	80
Liskeard R.D.	... 22	1	—	—	—	1	—	—	—	—	—	—	24
Truro R.D.	... 25	3	—	—	1	—	—	—	—	—	—	—	29
Totals	... 469	92	18	8	21	3	2	—	124	20	2	—	759

**INQUIRIES BY THE MINISTRY OF HOUSING AND LOCAL
GOVERNMENT**

The following Inquiries held by the Ministry of Housing and Local Government were attended during the year:—

1. **Launceston Rural District** — 14th January, 1953, at the Rural District Council Offices, Launceston, into the proposed scheme of sewerage and sewage disposal for the villages of Stoke Climsland and Venterdon.
2. **Launceston Rural District** — 15th January, 1953, at the Rural District Council Offices, Launceston, into the proposed schemes of water supply for Egloskerry and Langore; Warbstow and Canworthy Water; South Petherwin and Daw's House; Altarnun and Five Lanes; Stoke Climsland and the acquisition of Kelly Bray Water Company's Works.
3. **Penryn Borough** — 27th January, 1953, in the Council Chamber at Penryn in respect of the application by the Borough Council for a loan of £36,664 for works of sewerage and sewage disposal.
4. **St. Austell Rural District** — 28th January, 1953, at the Rural District Council Offices, St. Austell, to investigate the progress in the water supply scheme for Indian Queens, Fraddon and Summercourt.
5. **Liskeard Borough and Rural District Council** — 29th January, 1953, at the Guildhall, Liskeard, in connection with the Liskeard and District Water Board Order, 1953.
6. **North Cornwall Joint Water Board** — 10th June, 1953, at the Offices of the Board at Camelford in respect of the progress made with the scheme for the extension of the filtration plant.
7. **West Penwith Rural District** — 10th June, 1953, at the Rural District Council Offices, Penzance, respecting the financial position and the progress made with the scheme of sewerage and sewage disposal for St. Buryan.
8. **Truro Rural District** — 11th June, 1953, at the Rural District Council Offices, Truro, into the proposal to establish works of sewerage and sewage disposal at Blackwater.
9. **Newquay Urban District** — 29th July, 1953, at the Urban District Council Offices, Newquay, into the proposals for improving the sewerage of the Urban District and the construction of two new sea outfalls.
10. **Truro Rural District** — 8th October, 1953, at the Rural District Council Offices, Truro, into the proposal to borrow the sum of £17,700 for the purpose of sewerage and sewage disposal for the village of Flushing in the Parish of Mylor.

11. **West Penwith Rural District**—13th November, 1953, at the Rural District Council Offices, Penzance, into the progress of the scheme of sewerage and sewage disposal at Sennen.

12. **Stratton Rural District** — 8th December, 1953, at the Rural District Council Offices, Bude, into the proposed scheme of sewerage and sewage disposal for the village of Week-St.-Mary.

RIVERS POLLUTION PREVENTION

The responsibility of the County Council for the administration of the above Acts was passed to the Cornwall River Board under the River Boards Act, 1948, but following an application by the Cornwall River Board, the County Council approved the formal seconding of the County Sanitary Officer and the Assistant County Sanitary Officer to the River Board for such proportion of their time as may, in practice, be found to be necessary to carry out the obligations of the Board in respect of the prevention of pollution under the Rivers (Prevention of Pollution) Act, 1951.

The following is a summary of the works carried out for the year ended 31st December, 1953:—

Visits to works of sewage disposal	...	...	...	...	130
Visits to industrial plants	...	...	...	...	141
Inspections of outfalls to rivers	...	...	...	...	21
Samples of sewage effluent submitted for examination	...				104
Samples of river water and trade wastes					
submitted for examination	...	...	...	...	104
Plans of proposed works reported upon	...	...	...	...	5
Ministry of Housing and Local Government					
Inquiries attended	...	...	...	...	5

WATER SUPPLIES

The County at the present time is being served by 32 statutory and 2 non-statutory water undertakers as follows:—

Statutory Undertakers

(a) Three Boroughs and Urban Districts with limits of supply greater than the Local Government area:—

Falmouth (Borough); Liskeard (Borough); and Bude-Stratton (U.D.)

(b) Two Joint Water Boards with statutory powers:—

South East Cornwall Water Board, and North Cornwall Joint Water Board.

(c) Five Companies with statutory powers:—

Bodmin Water Works Company; Camborne Water Company; Helston and Porthleven Water Company; Newquay and District Water Company; Truro Water Company.

(d) Six Boroughs operating under Public Health Acts:—

Fowey; Launceston; Lostwithiel; Penzance; St. Ives and Saltash.

- (e) Six Urban Districts operating under Public Health Acts:—
Camborne-Redruth (Redruth and St. Day and Lanner Wards only); Looe; Padstow; St. Austell; St. Just and Torpoint.
- (f) Ten Rural Districts:—
Camelford; Kerrier; Launceston; Liskeard; St. Austell; St. Germans; Stratton; Truro; Wadebridge and West Penwith.

Non-Statutory Undertakers

Two Companies:—

Kelly Bray and District Water Company; Widemouth Water Supply Company.

Since the coming into operation of the Rural Water Supplies and Sewerage Act, 1944, there have been 96 schemes of water supplies submitted by local authorities and other water undertakings for the County Council's observations, the total estimated cost of these being £3,548,881 and 69 schemes estimated to cost £2,008,342 had been completed or the works were in progress at the end of December 1953.

In the case of 33 schemes estimated to cost £1,889,855 the Ministry have approved lump sum grants totalling £375,570 and in one case a grant of £137.10s.0d. per annum for the period of the guarantee. Six schemes have been completed during the year at an estimated cost of £294,263.

The County Council have approved grants in respect of 27 schemes amounting to £14,585 per annum for 30 years and in respect of 3 schemes, grants amounting to £1,316.8s.9d. per annum for 12 years, making a total of annual grants of £15,902, the total estimated cost of these schemes being £1,872,372.

Details of the schemes which have been submitted to the County Council since the coming into operation of the above-mentioned Act are given in the following Table:—

District Council or Water Undertaking	Particulars of Scheme	Estimated Cost	Remarks
Fowey Borough Penzance Borough	New Service Reservoir Penzance Borough St. Just U.D. West Penwith R.D.	£ 17,000 745,000	Approved by Ministry Works completed.
	Gulval Boseathnoe—filters and pumping plant	(a) 2,000 (a) 32,000	Works completed. 15% of work completed.
St. Ives Borough	Halsetown and Rural areas from Amalveor	15,539	Works completed.
Saltash Borough	Extension of mains at Carkeel	580	Works completed
Camborne— Redruth U.D.	St. Day and Carharrack Lanner and Scorrier Troon	15,524 9,367 (a) 8,815	Works completed. Works completed. Works completed.

District Council or Water Undertaking	Particulars of Scheme	Estimated Cost	Remarks
Camborne—	Carnkie; Knave-go-by;	(a) 32,800	Works in progress
Redruth U.D. (Contd.)	Treskillard; Four Lanes; Piece and Bosleake.		
Newquay U.D.	Crantock	(a) 5,635	Works completed
	Tregurrian	2,908	Works completed
Torpoint U.D.	Poole—Supplementary supply	300	—
Camelford R.D.	Helstone; Newhall Green; Trewalda and Polstraule	7,633	Works completed Ministry Grant £3,900. C.C. Grant £198.1.4. p.a. for 30 years.
	St. Beward	(a) 461	Works completed
	Boscastle	(a) 270	Works completed
	Boscastle (new road)	1,183	Works completed Ministry Grant £280. C.C. Grant £14.4.6. p.a.
	Mount Camel	(a) 365	Works completed
	Trefrew Road; Dark Lane; Camelford and St. Beward	(a) 675	Works completed
	Trevia	2,228	Works completed Ministry Grant £600. C.C. Grant £35.11.6. p.a. for 30 years.
	Michaelstow and Treveigham	8,800	Nearing completion. App. by Ministry. Ministry of Agriculture and Fisheries to make grant of £5,500.
	Pencarrow	713	Tender accepted. Minis- try Grant £600. C.C. Grant £25.11.6. p.a. for 30 years.
	Camelford—Reservoir and Treatment Plant	4,500	Ministry Grant £750. C.C. Grant £43.3.0. p.a. for 30 years.
Camelford R.D.	Tremail	*3,660	Ministry Grant £800.
Kerrier R.D.	Trewennack	3,789	Works completed
	Grade Ruan and Landewednack	51,496	Work in progress
	Godolphin Cross and Breage	8,032	Works completed Ministry Grant £1,500. C.C. Grant £76.3.8. p.a. for 30 years.
	Budock Water, Mawnan, Mawnan Smith, Trebarworthal, Porth Navas	32,291	Ministry Grant £8,500. C.C. Grant £503.19.4. p.a. for 30 years. Works completed.
	Manaccan, St. Anthony, St. Martin-in-Meneage, St. Keverne, Coverack, Cury, Gunwalloe	121,880	Tenders received but Contract not yet placed.

District Council or Water Undertaking	Particulars of Scheme	Estimated Cost £	Remarks
Kerrier R.D. (Contd.)	Boskenwyn and Manhay	10,802	Ministry to make Grant of £4,000 to this and Trcwennack combined schemes.
	Breage and District	76,341	Ministry to make Grant of £20,000 C.C. Grant £1,185.16.2 p.a. for 30 years.
	Leedstown, Townshend and Horsedowns	21,317	Ministry to make Grant of £6,000. C.C. Grant £355.14.10 p.a. for 30 years
	Stithians (Impounding Scheme)	306,000	—
	Mullion	16,058	Works in progress Ministry Grant £1,750. C.C. Grant £103.15.2. p.a. for 30 years.
Launceston R.D.	South Petherwin (1)	3,800	Ministry Inquiry held.
	South Petherwin (2)	1,200	Ministry Inquiry held.
	Egloskerry and Langore	8,225	Ministry Inquiry held.
	Altarnun, Five Lanes and Trewint	*8,850	—
	Holmbush	1,200	—
	Canworthy Water and Warbstow	11,023	Tender accepted.
Liskeard R.D.	Regional Scheme for parts of S.E. Cornwall	656,380	Ministry Grant £120,000 C.C. Grant £276.0.6. p.a. for 30 years and £814.0.11. p.a. for 35 years. Works in progress.
	Polperro-Brent Field	2,212	Works completed.
St. Austell R.D.	Golant	1,050	Works completed.
	Hewas Water	637	Works completed.
	Roche	488	Works completed.
	De Lank extensions from Wadebridge	112,000	—
	Lower Sticker and Polgoooth	2,400	Works completed
	St. Mawgan and Trenance	35,000	Works completed, Ministry Grant £11,000 C.C. Grant £605.8.0. p.a. for 30 years.
	Treviscoe and Trerice	(a) 5,600	Works completed
	Indian Queens, Fraddon and Summercourt	35,000	Ministry Grant £24,000. C.C. Grant £691.14.10. p.a. for 30 years. Works completed.
	Curvan Vale	(a) 1,152	Works completed.

District Council or Water Undertaking	Particulars of Scheme	Estimated Cost	Remarks
		£	
St. Austell R.D. (Contd.)	Talskiddy	2,280	Works completed. Ministry Grant £750. C.C. Grant £44.9.4. p.a. for 30 years.
	Lower Sticker	1,680	Works completed. Ministry Grant £400. C.C. Grant £23.14.4. p.a. for 30 years.
	Mount Joy	* 2,000	—
St. Germans R.D.	Gunnislake and Hatches Green	(a) 621	Works completed.
	Narkura	(a) 1,057	Works completed.
	St. John and Millbrook	(a) 2,340	Works completed.
	Tredis	(a) 1,200	Works completed.
	Horsepool	300	—
	Forsdon	(a) 680	Works completed.
	Hessenford	(a) 3,175	Works completed.
	Quethiock and Treweese Cross	(a) 560	Works completed.
	Lower Kelly, Calstock	(a) 614	Works completed.
	Callington	1,270	App. by Ministry
Stratton R.D.	St. Gennys and Crackington Haven	20,000	Borehole sunk and Pump installed.
	Kilkhampton	6,833	Scheme completed Ministry Grant £800. C.C. Grant £47.8.8. p.a. for 30 years.
	Week St. Mary	*7,255	
Truro R.D.	Ladock and South Eastern District	149,142	Works completed. Ministry Grant £30,000 C.C. Grant £1,778.14.2 p.a. for 30 years.
	Perranzabuloe	2,385	Works completed Ministry Grant £800. C.C. Grant £40.12.8. p.a. for 30 years.
	Mitchell	2,200	Works completed. Ministry Grant £340. C.C. Grant £17.5.4. p.a. for 30 years.
	Shortlanesend	(a) 2,500	Works completed.
	Newlyn East	15,050	Works completed. Ministry Grant £4,000. C.C. Grant £203.3.0. p.a. for 30 years
	Perranporth (Augmentation Scheme)	28,050	Works completed. Ministry Grant £5,250. C.C. Grant £266.12.8. p.a. for 30 years.

District Council or Water Undertaking	Particulars of Scheme	Estimated Cost	Remarks
Truro R. D. (Contd.)	Tresillian	£ 5,500	Works completed. Ministry Grant £137. 10.0. p.a. for period of guarantee. C.C. Grant £137.10.0. p.a. for 12 years.
	Probus	1,150	Works completed. Ministry Grant £650. C.C. Grant £33.0.2. p.a. for 30 years.
	Mylor	27,841	Works completed. Ministry Grant £4,250. C.C. Grant £424.7s.0d. p.a. for 12 years.
	Tretham Mill and St. Mawes	11,300	Works completed. Ministry Grant £900. C.C. Grant £45.14.2. p.a. for 30 years.
	Perranzabuloe Tretham Mill	* 25,407	Nearing completion.
	Relaying of existing mains	(a) 4,186	Works completed.
	St. Agnes (Wheal Kitty)	(a) 1,774	Works completed.
	Chacewater	141,300	Works in progress. Ministry Grant £28,000 C.C. Grant £1,660.2.8. p.a. for 30 years
	Chacewater Extension	* 2,700	
Wadebridge R.D.	De Lank Scheme	449,993	Works in progress. 75% Headworks completed. 10 miles pipeline laid. Ministry Grant £75,000. C.C. Grant £4,315.4.0. p.a. for 30 years.
West Penwith R.D.	Gwinear--Gwithian	32,000	Works completed. Ministry Grant £7,500. C.C. Grant £754.11.9. p.a. for 12 years
	Goldsithney	1,936	Works completed.
	St. Buryan	3,375	Works nearing completion.
	Nancledra	3,021	Works completed.
	Canonstown	4,067	Works completed.
	Canonstown Extension	* 880	Works in progress.
	Marazion Augmentation	* 4,276	—
South East Cornwall Water Board	River Tiddy Scheme	37,750	—
	Provision of Boosters and Booster Houses	(a) 3,090	Works completed.
North Cornwall Joint Water Board	Duplication of mains	32,650	Works completed. Ministry Grant £3,400. C.C. Grant £172.13.6. p.a. for 30 years.

District Council or Water Undertaking	Particulars of Scheme	Estimated Cost	Remarks
		£	
North Cornwall Joint Water Board (Contd.)	St. Endellion Reservoir	8,111	Works completed. Ministry Grant £1,000. C.C. Grant £50.15.9. p.a. for 30 years.
	Extension of Filtration Plant	38,400	Works completed. Ministry Grant £14,000. C.C. Grant £781.6.2. p.a. for 30 years.
	Penmayne	1,530	Works completed. Ministry Grant £350.

(a) Ministry decided not to make Grant.

* Scheme submitted during 1953.

SEWERAGE AND SEWAGE DISPOSAL

The methods of disposal of sewage vary widely in different districts, particularly having regard to their geographical situation. Those districts near the sea or abutting on to tidal rivers favour sea outfalls or outfalls into tidal waters, in many instances without any preliminary treatment.

There are 66 plants in the County where complete treatment is being carried out. Of these 8 have come into operation during the year. There are 153 known outfalls into the sea, tidal and non-tidal rivers, without any treatment being carried out.

Since the coming into operation of the Rural Water Supplies and Sewerage Act, 1944, there have been 88 schemes of sewerage and sewage disposal submitted by the local authorities for the County Council's observations. The total estimated cost of these being £1,230,382 of which 15 schemes were submitted during the year 1953 and were estimated to cost £161,505.

Twenty-nine schemes, estimated to cost £344,158 had been completed or the works were in progress at the end of the year.

In the case of 13 schemes, estimated to cost £79,834, the Ministry decided not to make a grant but in respect of 12 other schemes, estimated to cost £788,410 lump sum grants totalling £63,600 were approved.

The County Council approved grants amounting to £3,492 per annum for 30 years in respect of 12 schemes estimated to cost £188,410.

Details of the schemes which have been submitted to the County Council since the coming into operation of the above-mentioned Act are set out in the following Table:—

District Council	Particulars of Scheme	Estimated Cost	Remarks
		£	
Falmouth Borough	Swanvale Valley and Dracaena Avenue	57,258	Works in progress.
Helston Borough	Extension of Disposal Works	15,042	Works completed.

District Council	Particulars of Scheme	Estimated Cost	Remarks
Liskeard Borough	Borough Scheme	75,000	—
Lostwithiel Borough	Borough Scheme	33,000	Scheme deferred.
Penzance Borough	Gulval	(a) 17,000	Works completed
	Alverton	(a) 9,800	Works completed
	Sheffield	(a) 2,636	Works completed
Saltash Borough	Borough Works	36,183	Deferred
Truro City	Bodmin Road and Tregurra Lane	3,454	Works completed
	Tresawls Road and Hightown	(a) 4,380	Works completed.
Bude-Stratton Urban District	Poughill	(a) 5,970	Works completed.
	Stratton	7,700	Scheme deferred.
Newquay Urban District	Crantock	(a) 12,136	Works completed.
Camelford R.D.	Bossinney	6,492	Works completed. Ministry Grant £2,500. C.C. Grant £131.4.4. p.a. for 30 years.
	Boscastle	17,077	Works completed. Ministry Grant £5,500. C.C. Grant £279.6.6. p.a. for 30 years.
	Trevenna	19,994	Works completed. Ministry Grant £6,500. C.C. Grant £330.2.2. p.a. for 30 years.
	St. Beward	11,100	Approved by Ministry.
	St. Teath	9,186	Works completed. Ministry Grant £4,000. C.C. Grant £203.3.0. p.a. for 30 years.
	Trewassa and Tremail	2,000	—
	Delabole	25,097	Works completed. Ministry Grant £9,000. C.C. Grant £457.1.8. p.a. for 30 years.
	Trevia	3,700	—
	Trcgoodwell	1,000	—
	Trewarmett	2,500	—
	Treknow	* 8,637	Approved by Ministry.
	Trevalga	2,100	—
	Camelford	2,900	—
	Helestone	2,800	—
	Penpont and Lower Lank	4,400	—
	Tintagel and Bosinney (Extension)	(a) 304	Works in progress. Bosinney Section completed.

District Council	Particulars of Scheme	Estimated Cost	Remarks
		£	
Kerrier R.D.	Praze and Beeble	16,040	
	Ruan Minor and St. Ruan	13,800	
	St. Keverne and Porthoustock	14,000	
	Constantine and Brillwater	16,800	
	Mabe	25,400	Scheme before Ministry.
	Leedstown	8,000	
	Manaccan	4,560	
	Mawnan Smith	30,000	Detailed scheme prepared.
	Nancegollan	* 9,000	—
	Budock Water	* 13,675	—
Launceston R.D.	Altarnun and Five Lanes	9,800	Approved by Ministry.
	North Hill	(a) 11,000	Works completed.
	South Petherwin and Daws House	13,550	Approved by Ministry.
	Venterdon and Stoke Climsland	13,600	Ministry Inquiry held.
	Lewannick	9,420	—
	Lawhitton	500	Works completed.
	Egloskerry and Hole	7,100	—
	Tregadillect	5,000	—
	Coads Green	4,500	—
	Warbstow	3,000	—
	Canworthy Water	5,900	—
Liskeard R.D.	Dobwalls	* 15,614	—
	Crows Nest	1,561	—
	St. Cleer	34,835	Works completed. Ministry Grant £13,500. C.C. Grant £778.7.8. p.a. for 30 years.
	Seaton Bridge	8,890	Works completed. Ministry Grant £3,000. C.C. Grant £167.8.6. p.a. for 30 years.
	Upton Cross	4,895	—
	Menheniot	* 18,880	—
	Cheesewring	6,784	—
	St. Neot	7,726	—
	Lanreath	* 7,975	—
	Duloe	* 7,536	—
	Tredinnick	* 2,115	—
	Polperro	560	Works completed.
St. Austell R.D.	Grampound	4,820	Sewerage completed. Treatment works not yet commenced.
	Gorran	2,840	—

District Council	Particulars of Scheme	Estimated Cost	Remarks
		£	
St. Austell R.D. (Contd.)	Golant Outfall	(a) 1,360	Works completed.
	Trewoon and Polgooth	25,470	Approved by Ministry.
	Trethosa Diversion	* 3,042	Works completed.
St. Germans R.D.	Seaton	(a) 4,783	Works completed.
	Quethiock	(a) 1,800	Tender accepted.
	St. Germans	(a) 6,550	Tender accepted.
	Callington and Kelly Bray	16,500	—
Stratton R.D.	Widemouth Bay	13,600	Deferred
	Bangors Poundstock	(a) 2,115	Works completed.
	Kilkhampton	19,695	Works 50% completed. Ministry Grant £6,500. C.C. Grant £385.7.8. p.a. for 30 years.
	Week St. Mary	* 9,674	—
	St. Gennys	* 4,234	—
	Grimscoft Launceulls	3,034	Works completed. Ministry Grant £1,500. C.C. Grant £88.18.8. p.a. for 30 years.
Truro R.D.	Blackwater	17,500	Tenders invited. Ministry Grant £4,000. C.C. Grant £230.3.4. p.a. for 30 years.
	St. Mawes	16,000	Part of scheme completed.
	Goonhavern	* 6,300	—
	Flushing	17,700	—
	Tresillian	* 16,437	—
Wadebridge R.D.	St. Merry	6,101	—
	Lanivet	16,251	—
West Penwith R.D.	St. Buryan	13,110	Works completed. Ministry Grant £4,800. C.C. Grant £284.11.10. p.a. for 30 years.
	Sennen Cove	13,500	Works completed 25.10.50. Ministry Grant £2,800. C.C. Grant £156.5.2. p.a. for 30 years.
	Goldsithney	*54,000	—

(a) Ministry decided not to make grant

* Scheme submitted during 1953.

Summary showing schemes of Water Supply, Sewerage and Sewage Disposal submitted by local authorities and other Water Undertakings for the County Council's observations since the coming into operation of the Rural Water Supplies and Sewerage Act, 1944, to the 31st December, 1953, and the progress made with such schemes.

								GRANTS TOWARDS SCHEMES APPROVED	
								Approved by County Council	
								P.A. for 30 years	P.A. for 12 years
								No. of Schemes	Amount of Grant
								No. of Schemes	Amount of Grant
Number of Schemes submitted		Estimated Cost of Schemes submitted		Refused Grant		Approved by Ministry of Health			
Before 1953	During 1953	Before 1953	During 1953	No. of Schemes	Est. Cost	No. of Schemes	Amount of Grant	No. of Schemes	Amount of Grant
Water Supplies ...	89	7	3,495,033	23	111,570	33	*375,570	27	14,585,11.8.
Sewerage ...	73	15	1,068,877	161,505	79,834	12	63,600	12	3,492. 0.6.
Totals ...	162	22	4,563,910	215,353	191,404	45	*439,170	39	18,077,12.2.
	184		4,779,263			*	Plus a grant of £137,10s.0d. p.a. for 12 years.	3	1,316,8.9.

Of the 96 schemes of Water Supplies submitted at a total estimated cost of £3,548,881, 69 schemes, estimated to cost £2,008,342 had been completed or the works were in progress at the end of December, 1953.

Of the 88 schemes of Sewerage and Sewage Disposal submitted at a total estimated cost of £1,230,382, 29 schemes, estimated to cost £344,158 had been completed or the works were in progress at the end of December, 1953.

RURAL HOUSING

County Councils are not housing authorities for the purpose of the principal Housing Act of 1936, but by Section 88 of that Act it is the duty of every County Council as respects each Rural District within the County "to have constant regard to the housing conditions of the working classes." This duty is mainly that of co-operating with and assisting local authorities.

The Rural Housing Sub-Committee of the Central Housing Advisory Committee in the Third Report issued in 1944 recommended the setting up of a Joint Advisory Committee for each County in England and Wales representative of all Rural District Councils in the County, the County Council and any other persons representative of bodies interested in housing within the County whom the Committee thought fit to co-opt.

Such a Committee has been established in the County and is known as the Cornwall Rural Joint Advisory Housing Committee. The first meeting was held on the 23rd March, 1945.

A Technical Standards Sub-Committee was also set up and it was resolved to recommend:—

"That two standards of housing conditions be adopted:—

- (i) as the standards ultimately expected to be aimed at, and
- (ii) the standard with which all existing houses shall be made to comply, where practicable, when such houses are dealt with in connexion with the survey to be carried out in all Rural Districts."

These standards were adopted by the Cornwall Rural Joint Advisory Housing Committee at a meeting held at the County Hall, Truro, on the 18th May, 1945, after which copies of the standard were sent to all Rural District Councils and other bodies represented on the Committee.

SURVEY

Of the ten Rural Districts in the County, one has not yet commenced to carry out the survey as recommended by the Cornwall Joint Advisory Committee. Three local authorities have completed the survey, viz., Launceston, Camelford and Truro Rural Districts. The position throughout the County at the 31st December 1953, is shown in the following Table:—

Rural District	No. of parishes in Rural districts	No. of parishes completed	Parishes under survey but not completed	No. of houses inspected	Classification					No. of new houses erected					
					Category										
					1	2	3	4	5						
Camelford	... 13	13	—	1769	221	651	517	225	155	137	34				
					Conversion of other buildings									31	
Kerrier	... 21	—	14	560	13	29	142	120	256	267	106				
Launceston	... 17	17	—	1376	164	398	661	59	94	45	23				
Liskeard	... 21	—	21	605	23	125	282	166	9	193	62				
St. Austell	... 17	1	11	1303	305	140	594	2	262	386	72				
					Erection of flats									12	—
St. Germans	... 16	—	—	—	—	—	—	—	—	—	358	85			
					Temporary conversions									37	—
Stratton	... 10	—	8	138	15	22	36	30	35	139	34				
Truro	... 24	24	—	5799	202	424	893	3142	1138	414	142				
Wadebridge	... 19	17	2	2575	308	540	541	783	403	338	53				
					Conversion of other buildings									2	
West Penwith	... 17	6	12	2189	675	653	510	201	150	208	82				
Totals	... 175	78	68	16314	1926	2982	4176	4728	2502	2534	726				
					%	%	%	%	%						
					11.8	18.3	25.6	29.0	15.3						

1. Satisfactory in all respects.
2. Minor defects.
3. Requiring repair, structural alteration or improvement.
4. Appropriate for re-conditioning.
5. Unfit for habitation and beyond repair at a reasonable expense.

HOUSING ACTS

The following grants have been approved in accordance with the Housing (Financial Provisions) Acts:—

District	Annual Grant	No. of years	Grants previously authorised	Grants authorised during 1953	Total No. of houses
			No. of houses	No. of houses	
Helston Borough	1 10 0	60	16	—	16
Penzance Borough	1 10 0	60	40	—	40
Saltash Borough	1 10 0	60	3	—	3
Bude-Stratton					
Urban District	1 10 0	60	5	—	5
St. Austell U.D.	1 10 0	60	16	—	16
Camelford Rural	{ 2 10 0 1 10 0 1 5 0	60 60 60	— 34 8	8 2 —	52
Kerrier Rural	{ 2 10 0 1 10 0 1 0 0	60 60 40	— 49 47	17 7 —	120
Launceston Rural	{ 1 10 0 1 0 0	60 40	18 2	10 —	38
Liskeard Rural	{ 2 10 0 1 10 0	60 60	— 68	2 3	73
St. Austell Rural	{ 1 10 0 2 10 0	60 60	34 —	— 5	34
St. Germans Rural	{ 1 10 0 1 0 0	60 40	89 9	— —	103
Stratton Rural	{ 2 10 0 1 10 0	60 60	— 74	8 3	85
Truro Rural	{ 2 10 0 1 10 0	60 60	— 76	14 —	104
Wadebridge Rural	{ 1 10 0 1 0 0	60 40	42 18	— —	60
West Penwith	{ 1 10 0 1 0 0	60 40	58 29	6 —	93
Totals			749	93	842

		£	s.	d.
62 houses @ £2.10.0. per annum for 60 years	...	155	0	0
653 houses @ £1.10.0. per annum for 60 years	...	979	0	0
8 houses @ £1. 5.0. per annum for 60 years	...	10	0	0
119 houses @ £1. 0.0. per annum for 40 years	...	119	0	0
842			£1,263	10

TABLE I.

Estimated Population and Total Number of Births and Deaths in each Sanitary District during the Year 1953.

AREA IN ACRES.	SANITARY DISTRICT	LIVE BIRTHS.											DEATHS.											
		ESTI- MATED HOME POPU- LATION 1953			Legiti- mate		Illegiti- mate		Total.	Rate	District Comparability Factor	Stillbirths.	Under 1 Year.			At all Ages			Total.	Rate	District Comparability Factor			
		Males	Females	Males	Females	Total.	Rate	District Comparability Factor	Males	Females	Total.	Rate per 1,000 live births	Males	Females	Total.	Rate	District Comparability Factor	Males	Females	Total.	Rate	District Comparability Factor		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
	URBAN.																							
3,312	Bodmin	-	6,508	52	33	1	2	88	13·52	1·56	1	2	..	2	22·73	95	111	206	31·65	0·89				
4,294	Bude-Stratton	-	5,112	30	28	3	3	64	12·52	1·09	2	..	1	1	15·68	38	43	81	15·85	0·73				
22,062	Redruth	-	35,380	251	224	11	12	498	14·08	0·99	16	6	5	11	22·09	279	286	565	15·97	0·87				
1,880	Falmouth	-	16,490	124	109	11	8	252	15·28	1·04	7	2	2	4	15·87	91	112	203	12·31	0·86				
2,979	Fowey	-	2,270	10	17	..	1	28	12·33	1·10	1	1	1	2	71·43	14	16	30	13·22	0·76				
4,014	Helston	-	5,787	69	58	..	3	130	22·46	1·07	2	5	..	5	38·46	60	49	109	18·84	0·74				
2,182	Launceston	-	4,623	26	28	1	2	57	12·33	1·11	1	..	..	..	..	40	55	95	20·55	0·77			
2,704	Liskeard	-	4,321	26	27	1	2	56	12·95	1·05	2	..	..	..	..	52	66	118	27·31	0·68			
1,691	Looe	-	3,591	28	16	1	1	46	12·81	1·08	2	..	1	1	21·74	20	24	44	12·25	0·74				
3,156	Lostwithiel	-	2,052	14	15	1	1	31	15·11	1·14	1	1	..	1	32·26	12	15	27	13·16	0·69				
4,599	Newquay	-	9,760	74	45	2	2	123	12·60	0·94	1	4	1	5	40·65	44	52	96	9·84	0·77				
3,343	Padstow	-	2,783	33	26	..	1	60	21·56	0·98	2	1	1	1	16·67	16	23	39	14·01	0·72				
829	Penryn	-	4,232	40	30	..	1	71	16·78	1·00	1	1	1	2	28·17	28	30	58	13·71	0·96				
3,155	Penzance	-	20,000	118	112	3	10	243	12·15	1·02	2	7	4	11	45·27	135	148	283	14·15	0·82				
18,379	St. Austell	-	23,480	161	139	2	3	305	12·99	1·10	9	3	7	10	32·79	144	172	316	13·46	0·78				
4,287	St. Ives	-	8,490	50	69	2	7	128	15·08	1·02	1	..	..	..	..	56	51	107	12·60	0·71			
7,634	St. Just	-	4,007	26	33	..	1	60	14·97	1·14	1	2	..	2	33·33	29	31	60	14·97	0·85				
5,335	Saltash	-	7,950	55	68	5	5	133	16·73	1·02	1	2	3	5	37·59	47	61	108	13·58	0·76				
975	Torpoint	-	6,714	28	26	1	1	56	8·34	1·50	2	..	2	2	35·71	19	23	42	6·26	1·49				
2,634	Truro City	-	13,350	85	97	2	5	189	14·16	1·01	7	4	4	8	42·33	70	90	160	11·99	1·01				
99,444	TOTALS	-	186,900	1300	1200	47	71	2,618	14·01	1·06	62	41	32	73	27·88	1,289	1,458	2,747	14·70	0·83				
	RURAL.																							
52,544	Camelford	-	7,330	50	38	4	3	95	12·96	1·11	3	2	2	4	42·11	43	44	87	11·87	0·80				
90,839	Kerrier	-	21,510	134	166	6	3	309	14·37	1·03	7	6	2	8	25·89	120	115	235	10·93	0·88				
73,051	Launceston	-	6,493	40	42	2	1	85	13·09	1·12	2	2	..	2	23·53	43	33	76	11·70	0·83				
104,803	Liskeard	-	14,070	95	103	8	7	213	15·14	1·16	2	6	1	7	32·86	86	83	169	12·01	0·77				
82,389	St. Austell	-	22,030	178	144	8	9	339	15·39	1·03	7	3	5	8	23·60	108	108	216	9·80	0·87				
48,433	St. Germans	-	16,630	119	93	2	3	217	13·05	1·11	5	2	2	4	18·43	106	79	185	11·12	0·78				
56,285	Stratton	-	5,630	42	45	2	6	95	16·87	1·15	1	1	1	2	21·05	26	25	51	9·06	0·88				
108,316	Truro	-	26,880	160	164	6	13	343	12·76	1·10	8	7	3	10	29·15	156	164	320	11·90	0·76				
88,230	Wadebridge	-	16,410	105	109	4	7	225	13·71	1·13	10	4	2	6	26·67	107	104	211	12·86	0·89				
59,792	West Penwith	-	17,580	124	115	1	6	246	13·99	1·04	11	3	1	4	16·26	109	109	218	12·40	0·82				
764,682	TOTALS	-	154,563	1047	1019	43	58	2,167	14·02	1·08	56	36	19	55	25·38	904	864	1,768	11·44	0·82				
864,126	Whole County	-	341,463	2347	2219	90	129	4,785	14·01	1·07	118	77	51	128	26·75	2,193	2,322	4,515	13·22	0·83				
4,041	Scilly Isles	-	1,837	25	21	1	..	47	25·59	1·00	..	..	..	..	..	15	14	29	15·79	0·90			

Birth and Death rates calculated per 1,000 of the population.

Comparability factors are given for the purpose of securing comparability between local birth and death rates and those for England and Wales.

Estimated Population and Total Number of Births and Deaths in Cornwall (Excluding Scilly Isles) During Recent Years.

YEAR	ESTI-MATED POPU-LATION	LIVE BIRTHS										DEATHS											
		Legitimate					Illegitimate					Stillbirths					Under 1 Year					At all Ages	
		Males	Females	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22		
1934	312,318	2013	1969	93	118	4193	13.42	206	132	109	241	57.47	1997	2242	4239	13.57	4242	4230	2230	4242	13.59		
1935	312,090	2073	1913	94	85	4165	13.34	211	117	76	193	46.34	2012	2071	2225	4296	4296	2225	4296	13.83			
1936	310,686	2032	1955	99	90	4176	13.44	185	136	78	214	51.24	2071	2154	2330	4484	4484	2330	4484	14.51			
1937	308,994	1937	1883	90	83	3993	12.92	173	115	82	197	49.33	203	2100	2202	4302	4302	2202	4302	13.95			
1938	308,297	1927	1933	94	93	4047	13.13	166	136	67	203	50.16	203	2100	2202	4302	4302	2202	4302	14.74			
1939	(a) 308,517	1975	1771	85	78	3909	12.67	180	142	88	230	58.84	2297	2375	2375	4602	4602	2375	4602	14.74			
(b) 312,211	329,138	2127	1945	100	96	4268	12.97	163	116	90	206	48.26	2357	2567	2567	4924	4924	2721	5186	14.96			
1940	371,382	a2215	2125	161	132	4633	12.47	183	159	108	267	52.46	2465	2465	2465	5186	5186	2465	5186	13.96			
1941	c2456	2339	160	134	5089	14.34	180	135	93	228	46.09	2127	2301	2301	4498	4498	2301	4498	12.84				
1942	344,944	2427	2212	168	139	4946	14.34	180	135	93	228	46.09	2127	2201	2201	4589	4589	2201	4589	14.02			
1943	327,163	2378	2246	183	163	4970	15.19	164	106	72	178	35.81	2197	2359	2359	4556	4556	2359	4556	14.13			
1944	332,513	2607	2554	276	236	5673	17.59	180	132	99	231	49.72	2214	2367	2367	4581	4581	2367	4581	14.61			
1945	313,559	2225	2199	333	287	5044	16.08	178	101	84	185	36.67	2214	2314	2314	4555	4555	2314	4555	14.32			
1946	318,139	2754	2572	229	199	5754	18.09	156	136	87	223	38.75	2168	2286	2286	4735	4735	2286	4735	14.72			
1947	321,605	2940	2791	214	166	6111	19.00	177	136	77	213	34.85	2095	2169	2169	4264	4264	2169	4264	12.93			
1948	329,826	2603	2463	177	142	5385	16.33	136	117	69	186	34.54	2087	2242	2242	4658	4658	2242	4658	14.10			
1949	(d) 330,247	2442	2361	138	146	5087	15.41	127	99	65	164	32.24	2242	2416	2416	4658	4658	2416	4658	14.10			
(e) 339,077	2290	2219	124	125	4758	13.99	125	78	66	144	30.26	2238	2418	2418	4656	4656	2418	4656	13.69				
(e) 339,999	2310	2319	132	108	4869	14.33	116	98	65	163	33.48	2370	2493	2493	4863	4863	2493	4863	14.31				
(e) 339,800	2370	2294	113	104	4881	14.32	115	84	65	149	30.52	2105	2271	2271	4376	4376	2271	4376	12.84				
(e) 340,861	2347	2219	90	129	4785	14.01	118	77	51	128	26.75	2193	2322	2322	4515	4515	2322	4515	13.22				
(e) 341,463	2347																						

Birth and Death rates calculated per 1,000 of the Population.

(a) For Birth Rate.

(b) For Death Rate.

(c) For Infant and Maternal Mortality Rates.

(d) Civilian population (for birth and death rates).

(e) Total population (including non-civilians stationed in the county).

TABLE III.
Infectious Diseases notified in each District during the year 1953.

SANITARY DISTRICT	Scarlet Fever	Whooping Cough	Diphtheria	Measles	Pneumonia	Meningococcal infection	Acute Poliomyelitis	Acute Encephalitis	Dysentery	Puerperal Pyrexia	Paratyphoid Fever	Food Poisoning	Erysipelas	Acute Rheumatism	Totals	
URBAN																
Bodmin	3	13	-	10	3	-	-	-	-	-	-	-	-	-	32	
Bude-Stratton	8	14	-	78	1	-	4	-	3	-	-	-	-	-	105	
Camborne-Redruth	31	199	-	1117	35	-	2	-	10	106	-	-	4	-	1504	
Falmouth	4	29	-	319	6	-	3	-	1	2	-	-	1	-	365	
Fowey	3	-	-	39	-	-	-	-	-	-	-	-	-	-	42	
Helston	6	2	-	61	-	-	-	-	-	-	-	-	-	-	70	
Launceston	1	28	-	164	-	-	-	-	-	-	-	-	-	-	193	
Liskeard	12	29	-	221	5	-	-	-	-	-	-	-	-	-	268	
Looe	-	4	-	81	12	-	1	-	-	1	-	-	-	-	99	
Lostwithiel	1	38	-	55	3	-	-	-	-	1	-	-	-	-	98	
Newquay	11	16	-	251	1	-	-	-	3	-	-	1	-	-	283	
Padstow	-	-	-	7	-	-	-	-	-	-	-	-	-	-	7	
Penryn	-	2	-	89	-	-	-	-	-	-	-	-	-	-	91	
Penzance	25	21	3	418	-	-	-	2	-	-	1	-	-	3	475	
St. Austell	2	114	1	298	1	-	2	-	-	-	-	-	2	-	418	
St. Ives	17	28	-	7	-	-	1	-	-	-	-	-	-	-	53	
St. Just	-	1	-	128	-	-	-	-	-	-	-	-	-	-	129	
Saltash	4	4	-	234	13	-	-	-	-	1	-	1	6	-	263	
Torpoint	3	-	2	19	6	-	-	-	-	-	-	-	-	-	30	
Truro City	3	31	-	111	3	-	-	1	-	-	-	-	-	-	149	
TOTALS	...	134	573	6	3707	89	-	12	3	18	112	1	2	14	3	4674
RURAL																
Camelford	1	17	-	45	6	-	2	-	-	-	-	-	-	-	71	
Kerrier	31	10	-	332	3	-	8	-	-	3	-	-	1	-	388	
Launceston	1	10	1	237	1	-	-	-	-	-	-	-	-	-	250	
Liskeard	27	105	-	486	7	-	-	1	-	-	1	-	-	1	628	
St. Austell	1	176	-	288	4	1	1	-	1	1	-	1	-	-	474	
St. Germans	17	44	1	424	31	1	1	-	-	1	-	2	6	-	528	
Stratton	7	8	-	85	4	-	2	-	-	1	-	-	-	-	107	
Truro	8	124	-	534	23	-	3	1	-	2	-	27	2	-	724	
Wadebridge	1	66	-	65	9	-	-	-	-	3	-	12	1	-	157	
West Penwith	8	78	-	188	7	-	1	-	-	3	1	-	-	-	286	
TOTALS	...	102	638	2	2684	95	2	18	2	1	15	1	42	10	1	3613
Whole County	...	236	1211	8	6391	184	2	30	5	19	127	2	44	24	4	8287

3 cases of Ophthalmia Neonatorum were notified during the year.

There were no notifications of typhoid, and the 2 cases of malaria notified were believed to have been contracted abroad.

TABLE IV.

NUMBER OF CASES OF INFECTIOUS DISEASE NOTIFIED IN
RECENT YEARS.

Infectious Disease	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
Scarlet Fever ...	384	386	280	167	176	214	263	311	284	236
Whooping Cough ...	1179	473	550	720	1393	641	729	1485	421	1211
Diphtheria ...	164	206	155	44	27	3	16	10	11	8
Measles ...	1544	3989	267	2288	2286	3569	668	5813	1041	6391
Pneumonia ...	339	242	205	221	170	208	221	264	157	184
Cerebro-spinal Fever ...	28	18	17	9	4	2	8†	5†	7†	2
Acute Poliomyelitis ...	3	28	3	32	17	105	{ 98†	36†	21†	30
Acute Polio-Encephalitis ...	2	1	1	—	1	5				
Acute Encephalitis Lethargica ...	2	1	1	—	—	—	1†	3†	5†	5
Dysentery ...	95	117	17	29	17	38	27	82	20	19
Ophthalmia Neonatorum ...	34	21	14	13	6	4	2	—	3	3
Puerperal Pyrexia	76	61	89	79	51	71	58	58	124†	127
Smallpox ...	—	—	—	—	—	4	—	—	—	—
Paratyphoid Fevers ...	6	4	1	4	1	1	—	1	4	2
Typhoid Fever (excluding Paratyphoid) ...	6	2	—	—	2	—	2	—	—	—
Food Poisoning* ...	—	—	—	—	—	27	87	36	68	44
Erysipelas ...	75	65	58	48	42	52	54	35	27	24
Malaria ...	35	17	12	1	3	—	—	2	2	2
Acute Rheumatism§ ...	—	—	—	—	—	—	3	12	5	4
TOTALS	3972	5631	1670	3655	4196	4944	2237	8153	2200	8292

*—Not included in returns to Registrar-General until 1.1.49.

†—Under the Public Health (Acute Poliomyelitis, Acute Encephalitis, and Meningococcal Infection) Regulations, 1949, which came into operation on 1st January, 1950,

(i) Acute Poliomyelitis includes Acute Polioencephalitis.

(ii) The Public Health (Cerebro-spinal Fever and Acute Poliomyelitis) Regulations, 1912, and the Public Health (Acute Encephalitis Lethargica and Acute Polioencephalitis) Regulations, 1918 and 1919 are revoked, and Meningococcal Infection made notifiable.

§—In persons under 16 years of age (notifiable from 1.10.50).

†—The definition of Puerperal Pyrexia was revised by the Puerperal Pyrexia Regulations, 1951, which came into operation on 1.8.51.

TABLE V.
CAUSES OF DEATH AT SPECIFIED AGES, 1953.

Cause of death	All Ages	0—	1—	5—	15—	25—	45—	65—	75—
1. Tuberculosis, respiratory	58	—	—	—	3	8	28	16	3
2. Tuberculosis, other	13	1	6	1	1	2	—	1	1
3. Syphilitic disease	17	—	—	—	—	1	7	4	5
4. Diphtheria	—	—	—	—	—	—	—	—	—
5. Whooping Cough	—	—	—	—	—	—	—	—	—
6. Meningococcal Infections	4	1	3	—	—	—	—	—	—
7. Acute Poliomyelitis	—	—	—	—	—	—	—	—	—
8. Measles	1	1	—	—	—	—	—	—	—
9. Other infective and parasitic diseases	10	1	—	—	1	2	4	2	—
10. Malignant neoplasm, stomach	134	—	—	—	—	3	34	41	56
11. do. lung, bronchus	75	—	—	—	—	2	41	24	8
12. do. breast	66	—	—	—	—	4	23	13	26
13. do. uterus	53	—	—	—	—	—	29	11	9
14. Other malignant lymphatic neoplasms	415	—	—	3	3	19	120	131	136
15. Leukaemia, aleukæmia	24	—	3	1	—	3	3	11	3
16. Diabetes	42	—	—	—	—	3	11	15	13
17. Vascular lesions of nervous system	608	—	—	—	1	8	104	170	325
18. Coronary disease, Angina	509	—	—	—	—	2	137	191	179
19. Hypertension with heart disease	107	—	—	—	—	1	31	33	42
20. Other heart disease	1027	—	—	—	1	9	105	227	685
21. Other circulatory disease	179	—	—	—	—	4	25	50	100
22. Influenza	71	1	—	—	—	5	14	14	37
23. Pneumonia	140	18	2	1	4	3	22	31	59
24. Bronchitis	136	1	1	1	—	1	23	42	67
25. Other diseases of respiratory system	32	—	—	1	—	3	11	13	4
26. Ulcer of stomach and duodenum	49	—	—	—	—	4	19	16	10
27. Gastritis, enteritis and diarrhoea	25	2	1	—	1	2	9	5	5
28. Nephritis and Nephrosis	63	—	2	—	—	6	14	14	27
29. Hyperplasia of prostate	65	—	—	—	—	—	2	19	44
30. Pregnancy, childbirth, abortion	4	—	—	—	1	3	—	—	—
31. Congenital malformations	31	16	3	4	1	2	4	1	—
32. Other defined and ill-defined diseases	412	82	—	6	5	15	75	62	167
33. Motor vehicle accidents	22	—	—	—	4	6	8	2	2
34. All other accidents	101	3	6	6	8	11	17	12	38
35. Suicide	44	—	—	—	2	9	23	9	1
36. Homicide and operations of war	7	1	—	—	—	1	4	1	—
All causes	4544	128	27	24	36	146	947	1184	2052

